WEIGHING BABY PATHWAY

- This pathway primarily regards exclusively breastfed infants. Additional hand expressed colostrum between feeds for the first 72 hours helps prevent jaundice and weight loss.
- When a bottle fed baby loses more than 10% on day 3 or day 5, follow guidance for >10 - <12.4% weight loss with an urgent referral to the infant feeding team for review asp-tr.infant.feeding@nhs.net

**GREEN**
- Before discharge
  - Management Plan
  - Feeding Plan
  - Breastfeeding Observation C.L.
  - Feeding Assessment
  - Postnatal Conversation (term, well baby feeding leaflet)

**AMBER/RED**
- Before discharge
  - Management Plan
  - Feeding Plan
  - Breastfeeding Observation C.L.
  - Feeding Assessment
  - Postnatal Conversation (term, well baby feeding leaflet)

**VULNERABLE**
- Before discharge
  - Management Plan
  - Feeding Plan
  - Breastfeeding Observation C.L.
  - Feeding Assessment
  - Postnatal Conversation (vulnerable baby feeding leaflet)

**DAY 2/3**
- Feeding Assessment
- Postnatal Conversation (term, well baby feeding leaflet)

**DAY 3**
- Baby examination
- Breastfeeding Observation C.L.
- Feeding Assessment
- Weight

**DAY 5**
- Baby examination
- Breastfeeding Observation C.L.
- Feeding Assessment
- Weight

On Day 3 and Day 5 postnatal calculate percentage weight loss and continue ongoing management as per guideline below

**<10% weight loss**
- Update feeding plan
- Reiterate Postnatal Conversation (feeding leaflet)
- Reweight D10
- Consider D7 weight for vulnerable babies
- NB. TBR if jaundiced

**>10% - <12.4% weight loss**
- Baby Observations/examination
- Complete FEEDING UPDATE (expression/ supplementation)
- Observe full feed + feeding support
- Update feeding plan
- Arrange a Registered Midwife to fully review baby the same shift.
- Reiterate Postnatal Conversation (feeding leaflet)
- Baby is clinically well:
  - RM review in 24 hours
  - Reweight in 48 hours
  - If baby is clinically unwell: send to paediatric ED
  - NB. TBR if jaundiced

**>12.5% weight loss**
- Baby Observations/examination
- Complete FEEDING UPDATE (expression/ supplementation)
- Observe full feed + feeding support
- Update feeding plan
- Reiterate Postnatal Conversation (feeding leaflet)
- Baby is clinically well: SBAR hand over with NN on JBW for readmission
- If baby is clinically unwell: send to paediatric ED
- NB. TBR if jaundiced
In the event a parent refuses to take their baby to hospital

- Registered Midwife must review baby within the same shift and carry out a safety net assessment.
- Midwife to liaise with medical staff to create a plan involving daily midwifery reviews until the baby is gaining weight and no longer in critical danger.

### Readmissions Checklist

#### Weightloss >12.5%/ Jaundice + Weightloss > 10%
- Follow on from community SBAR handover (continuity)
- Baby observations every 4 hours (red bobble hat)
- Notify NICU team for medical review and plan
- Blood gas/ Blood glucose/ Sodium/ SBR if jaundiced
- Start phototherapy if required and follow jaundice management pathway
- Registered Midwife to review baby and welcome parents
- Consolidate feeding plan (expressing/ top ups
- **!!!Limit fluids to 100ml/kg/day for weight loss > 12.5% until Sodium levels determined!!!**
- Daily feeding assessments
- Reweigh D5
- Medical review before discharge home

#### Jaundice + Weightloss <10%
- Follow on from community SBAR handover (continuity)
- Baby observations every 4 hours (red bobble hat)
- Notify NICU team for medical review and plan
- Start phototherapy and follow jaundice management pathway
- Registered Midwife to review baby and welcome parents
- Consolidate feeding plan
- Daily feeding assessments
- Reweigh D5
- Medical review before discharge home

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Weight should increase from day 5 and babies should regain their birthweight by 3 weeks. Follow the **Feeding Plan for 10-12.4% weight loss** for static or faltering growth from D5.

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### Feeding Plan <10% weight loss
- Skin to skin +++
- Respond to all early feeding cues
- Ensure baby feeds at least 8 times in 24 hours
- Reiterate postnatal conversations referring to feeding leaflet
- Monitor wet and dirty nappies

### Feeding Plan >10% - <12.4% weight loss
- Skin to skin +++
- Respond to all early feeding cues
- Feed baby at least every 2-3 hours and ensure effective milk transfer
- Breastfeed for between 5-40 minutes and offer both breasts
- Express after breastfeeds for 15 mins or until the flow stops.
- Offer all available EBM by cup
  Consider temporary formula supplementation if milk volumes are not increasing by Day 3:
  - 24-48 hours 90ml/kg/day
  - 48-72 hours 120ml/kg/day
  - 72 hours + 150ml/kg/day
- Reduce/ stop top ups once the baby is breastfeeding effectively and weight gain has been observed
- Reiterate postnatal conversations

### Feeding Plan >12.5% weight loss
- Skin to skin +++
- Respond to all early feeding cues
- Feed baby at least every 2-3 hours and ensure effective milk transfer
- Breastfeed for between 5-40 minutes and offer both breasts
- Express after breastfeeds for 15 mins or until the flow stops.
- Offer all available EBM/formula by cup after every feed:
  - 24-48 hours 90ml/kg/day
  - 48-72 hours 120ml/kg/day
  - 72 hours + 150ml/kg/day
- Reduce/ stop top ups once the baby is breastfeeding effectively and weight gain has been observed
- Reiterate postnatal conversations