

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**)

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

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

AMBER/RED

Before discharge
Management Plan
Feeding Plan
Breastfeeding Observation C.L.
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

VULNERABLE

Before discharge
Management Plan
Feeding Plan
Breastfeeding Observation C.L.
Feeding Assessment
Postnatal Conversation (**vulnerable 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)
- Reweigh 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
 - Reweigh 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

Readmissions Checklist

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

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.

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