

# 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](mailto:asp-tr.infant.feeding@nhs.net)

## WELL, TERM BABIES (GREEN/AMBER/RED)

## VULNERABLE BABIES

<p style="text-align: center;"><b>Before discharge</b></p> <p>Management Plan Feeding Plan Breastfeeding Observation C.L. Feeding Assessment Postnatal Conversation (<b>term, well baby feeding leaflet</b>)</p>	<p style="text-align: center;"><b>Before discharge</b></p> <p>Management Plan Feeding Plan Breastfeeding Observation C.L. Feeding Assessment Postnatal Conversation (<b>vulnerable baby leaflet</b>)</p>
<p style="text-align: center;"><b>DAY 2/3</b></p> <p>Feeding Assessment Breastfeeding Observation C.L if Feeding Assessment highlights red flags for ineffective feeding Postnatal Conversation (<b>term, well baby feeding leaflet</b>)</p>	<p style="text-align: center;"><b>DAY 3</b></p> <p>Baby examination Breastfeeding Observation C.L. Feeding Assessment Weight</p>
<p style="text-align: center;"><b>DAY 5</b></p> <p>Baby examination Breastfeeding Observation C.L. Feeding Assessment Weight</p>	<p style="text-align: center;"><b>DAY 5</b></p> <p>Baby examination Breastfeeding Observation C.L. Feeding Assessment Weight</p>

**Calculate percentage weight loss and continue ongoing management as per guideline below**

<p style="text-align: center;"><b>&lt;10% weight loss</b></p> <ul style="list-style-type: none"> <li>• Update <b>feeding plan (overleaf)</b></li> <li>• Reiterate Postnatal Conversation (feeding leaflet)</li> <li>• Reweigh D10</li> <li>• <b>Consider D7 weight for vulnerable babies</b></li> <li>• NB. TBR if jaundiced</li> </ul>	<p style="text-align: center;"><b>&gt;10% - &lt;12.4% weight loss</b></p> <ul style="list-style-type: none"> <li>• Baby <b>Observations/examination</b></li> <li>• Complete FEEDING UPDATE (expression/ supplementation)</li> <li>• Observe full feed + feeding support</li> <li>• Update <b>feeding plan (overleaf)</b></li> <li>• Arrange a Registered Midwife to fully review baby the same shift.</li> <li>• Reiterate Postnatal Conversation (feeding leaflet)</li> <li>• Baby is clinically well:</li> <li>• RM review in 24 hours</li> <li>• Reweigh in 48 hours</li> <li>• If baby is clinically unwell: send to paediatric ED</li> </ul>	<p style="text-align: center;"><b>&gt;12.5% weight loss</b></p> <ul style="list-style-type: none"> <li>• Baby <b>Observations/examination</b></li> <li>• Complete FEEDING UPDATE (expression/ supplementation)</li> <li>• Observe full feed + feeding support</li> <li>• Update <b>feeding plan (overleaf)</b></li> <li>• Reiterate Postnatal Conversation (feeding leaflet)</li> <li>• Baby is clinically well: SBAR hand over with staff on JBW for readmission</li> <li>• If baby is clinically unwell: send to paediatric ED</li> <li>• NB. TBR if jaundiced</li> </ul>
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**Weight should increase from day 5 and babies should regain their birthweight by 3 weeks. Follow the **Feeding Management for 10-12.4% weight loss** for static or faltering growth beyond D5.**

## 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 then 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

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 (See below)

**\*!!!Limit fluids to 100ml/kg/day for weight loss > 12.5% until Sodium levels determined!!!**

Daily feeding assessments

Reweigh in 48 hours

### Readmissions Checklist

#### Jaundice + Weightloss <10%

Follow on from community SBAR handover (continuity)

Baby observations every 4 hours

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 (see below). Consider breastmilk top ups if baby not settling under lights

Daily feeding assessments

Weigh D5 and D10 as per <10% Management Plan

### 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