Preterm Bobble Hat Pathway

**Feeding management 34-34+6 weeks gestation**

- Skin to skin & breast feed within 1 hr of birth. Hand express and give EBM
- Baby care transferred to TCU staff. If baby did not feed effectively pass NGT
  Consider starting 60ml/kg/day EBM/formula
- Ensure mum is normo-thermic

Inform Paediatrician
Admit to Badger

Teach mum:
- Hand expressing
- Recognition of early feeding cues
- Feeding chart
- Syringe/ cup feeding and/or NGT competency
- Recognition of effective feeds
- Breast pump

Respond to feeding cues.
**Wake and feed baby every 2-3 hours.**
Hand express and give extra EBM after all breastfeeds
Consider top up via NGT/cup to 60ml/kg for the first 24 hours for reluctant feeders.

Express and give all available EBM after every suck feed. Follow the breastfeeding assessment score sheet and refer to the following to guide top up volumes:
90ml/kg/day 24-48hrs 120ml/kg/day 48hrs-72hrs 150ml/kg/day 72hrs+

Breast pump 15 mins on INTITIATE setting after every feed.
MAINTAIN setting when milk comes in or day 6

Transfer to JBW at 1 week
Follow breastfeeding assessment score sheet. Chart and top up if necessary

Continue expressing after feeds until baby is fully responsive breastfeeding 8 or more times in 24 hours, gaining weight well and waking reliably for breastfeeds.

Follow hypoglycaemia pathway

Inform Paediatrician
Admit to Badger

Ensure mum is normo-thermic

Follow hypoglycaemia pathway
**Thermoregulation management 34-34+6 weeks gestation**

- From birth- Skin to skin for 1 hour if possible
- Take temperature within 1 hour
- Baby to be nursed in a hot cot started at 37 degrees. Please follow hot cot guideline
- Take temperature after 1 hour

**Discharge plan 34 - 34+6 at 1 week When NGT not used for > 24 hours**

<table>
<thead>
<tr>
<th>Clinical assessment by neonatal team document in specialist review</th>
<th>Signature NICU team</th>
<th>Signature feeding team</th>
<th>Signature MW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not requiring phototherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight ( &lt; 10% weight loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIPE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Formal beside handover to infant feeding team and MW caring for mother. Feeding plan completed on Maternity BadgerNet.</td>
<td></td>
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</tr>
<tr>
<td><strong>score</strong></td>
<td><strong>definition</strong></td>
<td><strong>action</strong></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
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<td></td>
</tr>
<tr>
<td>A</td>
<td>Offered the breast, not interested sleepy</td>
<td>Full top up* (preferably with EBM)</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Interest in feeding, however does not latch</td>
<td>Full top up* (preferably with EBM)</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Latches onto the breast, however comes on and off or falls asleep</td>
<td>Full top up* (preferably with EBM)</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Latches, however sucking is uncoordinated or has frequent long pauses.</td>
<td>Half top up* Consider not topping up if mother is available for another breastfeed. The baby may wake earlier</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Latches well <strong>, long slow rhythmical sucking and swallowing</strong>*—short feed &lt; 10 min</td>
<td>Half top up* Do Not top up if mother is available for next feed</td>
<td></td>
</tr>
</tbody>
</table>
| F         | Latches well**, long slow rhythmical sucking and swallowing***—long feed > 10 min | No top up
  *If a top up is required it is preferable for it to be expressed breast milk and also to continue to allow the baby to nuzzle at the breast. |

**Effective Latch**: chin indents the breast, nose slightly clear of breast (head tipped back slightly), wide open mouth, lips flanged back, rounded cheeks, if can see any areola -seen above baby’s top lip but not below bottom lip;

***Rhythmic sucking & swallowing**: short period of rapid sucking followed then onwards by slower deeper jaw movements with a suck:swallow ratio of 1 /2:1for bursts of about 15- 30 sucks & audible swallows before a brief
pause. Baby remains attached to the breast throughout these suck/swallow/breathe bursts, until satiated.

Adapted from a scale used by Queen Charlotte’s Hospital SCBU, London.

**Bottle Feeding Assessment Score Chart**

<table>
<thead>
<tr>
<th>Score</th>
<th>Category that best describes infant’s response to the bottle within the first 15-20 minutes...</th>
<th>Action</th>
</tr>
</thead>
</table>
| A     | Offered the bottle, not interested, shows signs of stress or remains asleep                   | Full top up  
Focus on foundation skills in preparation for oral feeding |
| B     | Latches onto the bottle teat and starts to suck, but has difficulty coordinating their swallow with breathing, loss of milk despite careful pacing. Demonstrates signs of stress cues and/or falls asleep | Full top up  
Focus on foundation skills in preparation for oral feeding |
| C     | Latches onto the bottle teat and demonstrates short sucking bursts e.g. 2-3 suck and swallows per burst and baby has frequent long pauses to breathe. Shows signs of fatigue and stress cues within 10 minutes of the bottle feeding opportunity. Bottle feed is discontinued at this point | Naso gastric tube feed top up  
Offer top up with remaining volume left from the bottle feed |
| D     | Latches well to the bottle teat, sucks with a strong suck/swallow/breathe/pattern initially but fatigues as the bottle feed progresses. Starts to show signs of stress cues and fatigue within 10-15 minutes of the bottle feeding opportunity. Bottle feed is discontinued at this point | Naso gastric tube feed top up  
Offer top up with remaining volume left from the bottle feed |
| E     | *Latches well, with a coordinated suck/swallow/breathe pattern - feed duration up to 20 minutes. The infant does not demonstrate any stress cues or signs of fatigue therefore beginning to show maturation of their skills | No top up provided baby displays feeding cues at least 8x/day & is gaining weight |
Breastfeeding support once you’re home:

If you are worried about feeding:

  Contact your community midwife
  Email the ASPH Infant Feeding Team asp-tr.infant-feeding@nhs.net
  Contact the pregnancy advice line open 24/7 on 0300 123 5473
  Contact the national breastfeeding helpline on 0300 100 0212

Community Feeding Support:

**Mondays:** 10.30-12.30 Revive Coffee Shop, **CHERTSEY** 99 Guildford Street KT16 9AS (join Little Lights Facebook page for tickets)

**Tuesdays:** 12.30-14.30 Moorcroft Community Centre **WOKING** Old School Place GU22 9LY (drop in)

**Wednesdays:** 11am-3pm Weybridge Maternity Hub **WEYBRIDGE** Churchfield Pavillion, Churchfield Rd KT13 8BZ (appointment only)

**Thursdays:** 12.30-14.30 Ashford Maternity Hub **ASHFORD** Ashford Hospital, London Road TW15 3AA (drop in)

**Fridays:** 12.00-14.00 St John’s Church **EGHAM** Manor Farm Lane TW20 9HR (drop in)

**Fridays:** 9am-5pm Tongue Tie Clinic **ST PETER’S HOPSPITAL** (appointment only)

Useful resources for feeding your baby:

Hand expressing and positioning and attachment plus much more:

https://globalhealthmedia.org/videos/

Deep breast compressions:

https://www.youtube.com/watch?v=4OelwYDaLxQ

Bottle feeding: