

Preterm Bobble Hat Pathway

Feeding management
35-35+6 weeks gestation

Offer breastfeed during skin to skin within 1 hr of birth

Ensure mum normo-thermic

Baby latched and fed well.

Follow hypoglycaemia pathway

Baby did not breastfeed effectively

Hand express, give EBM
Baby care transferred to TCU staff.

Inform paediatrician
Admit to Baby Badger

Hand express colostrum, give EBM/formula 6ml/kg/per feed by cup
Baby care transferred to TCU staff.

Teach mum & daily Infant feeding team (IFT) review.
Hand expressing
Recognition of early feeding cues
How to keep a feeding chart
Syringe/ cup feeding and /or NGT competency
Recognition of effective feeds
Breast pump INITIATE and MAINTAIN setting

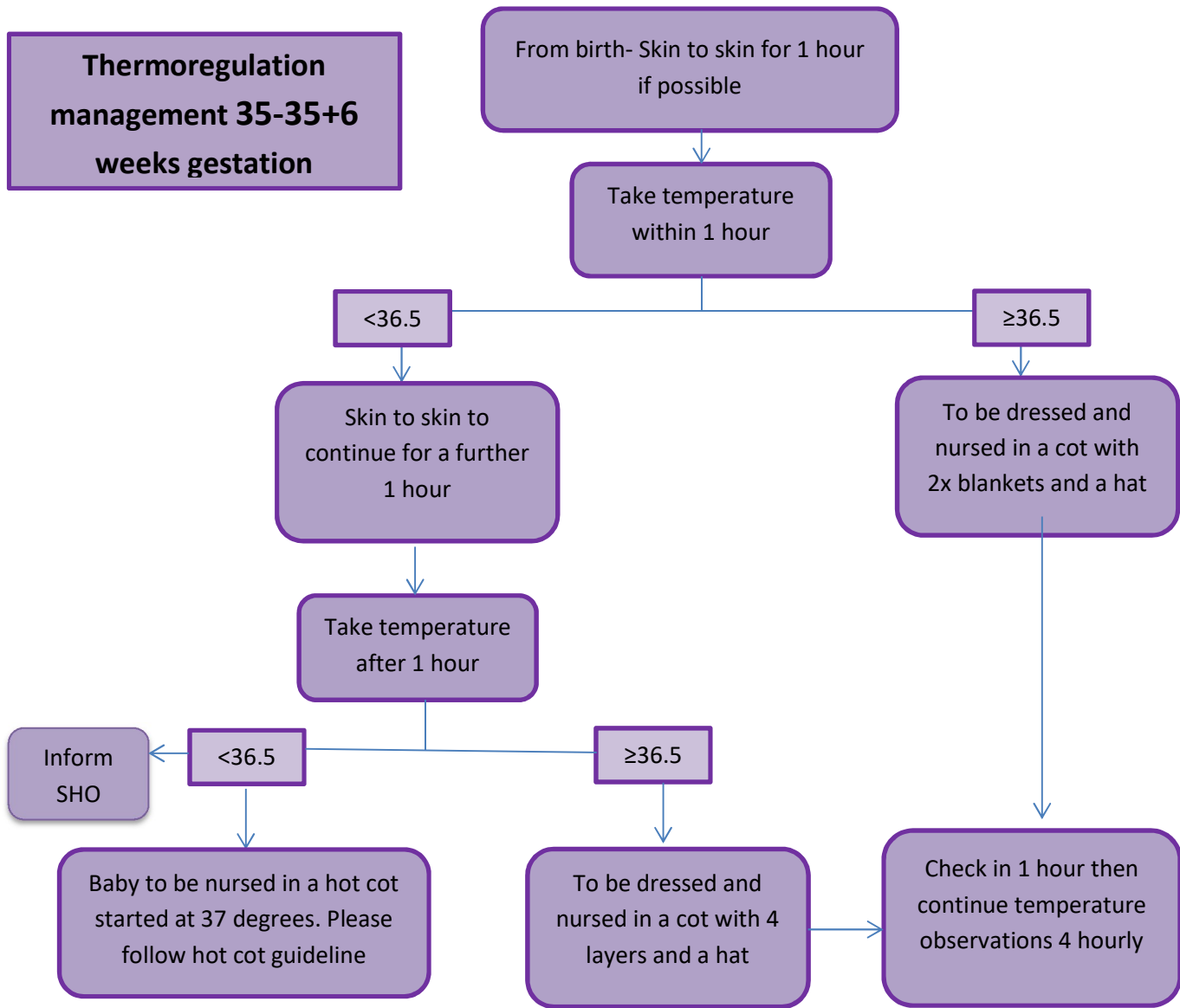
Respond to feeding cues.
Wake and feed baby every 2-3 hours.
Hand express and give extra EBM after all breastfeeds.
Refer to Breastfeeding assessment score sheet.
Consider top up via NGT/cup to 60ml/kg for the first 24 hours for reluctant feeders.

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

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+

Transfer to JBW after 48 hours if clinically well
Follow 'recognition of effective feed' chart continue to 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 for breastfeeds.



Discharge plan 35 - 35+6 Morning ward round after 48 hours (NICU D3, Maternity D2)	Signature NICU team	Signature feeding team	Signature MW
Clinical assessment by neonatal team document under specialist review			
Transcutaneous bilirubin (below treatment line)			
Weight (only discharge if < 10 % loss)			
NIPE			
Feeding > 24hrs without NGT (48 hrs 1.5-1.8kg discharge weight) Or 50% suck feeding with NGT competency			
Maintaining temperature for 48hrs after being in a hot cot			
Formal beside handover to IFT and MW caring for mother. Feeding plan completed on Maternity BadgerNet.			
Document discharge plan on maternity Badger under baby management plan and discharge from Neonatal Badger			

Breastfeeding Assessment Score

score	definition	action
A	Offered the breast, not interested sleepy	Full top up* (preferably with EBM)
B	Interest in feeding, however does not latch	Full top up* (preferably with EBM)
C	Latches onto the breast, however comes on and off or falls asleep	Full top up* (preferably with EBM)
D	Latches, however sucking is uncoordinated or has frequent long pauses.	Half top up* <i>Consider not</i> topping up if mother is available for another breastfeed. The baby may wake earlier
E	Latches well **, long slow rhythmical sucking and swallowing***—short feed < 10 min	Half top up* Do Not top up if mother is available for next feed
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

Score	Category that best describes infant's response to the bottle within the first 15-20 minutes....	Action
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 HOSPITAL** (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:

https://www.unicef.org.uk/babyfriendly/wpcontent/uploads/sites/2/2008/02/start4life_guide_to_bottle_feeding.pdf