FEEDING MANAGEMENT PATHWAY

Ashford and St. Peter's Hospitals NHS Foundation Trust

PROMOTE ADDITIONAL HAND EXPRESED COLOSTRUM BETWEEN BREASTFEEDS TO HELP REDUCE JAUNDICE, WEIGHTLOSS AND SUPPLEMENTATION

First feed checklist

Follow PLAN A - term well baby colostrum snacks 2-3 hourly

Within 1 hour of birth/ skin to skin
Rhythmic suck/ swallowing for >5 minutes
Comfortable breastfeed
Baby shows readiness to feed.

YES

NO

24 hour checklist

Follow PLAN A - term well baby colostrum snacks 2-3 hourly

3-4 feeds responsive feeds in first 24 hrs
Rhythmic suck/ swallowing for >5 minutes per feed
Comfortable breastfeeds
Baby shows readiness to feed.

YES

NO

Ongoing management

(term, well baby)

Reciprocal responsive feeding
Documented management plan (vulnerable, red, amber, green)
Breastfeeding observation checklist
Feeding assessment
Complete observation schedule
Refer to term baby feeding leaflet

Vulnerable babies

Follow PLAN C - Vulnerable Baby colostrum snacks/ deserts 2-3 hourly from birth breast pump from birth (see overleaf f no available colostrum)

- Babies who become **clinically unwell** at any stage
- Babies admitted to NICU or TCU
- Unstable blood glucose once hypoglycaemia pathway is completed
- Breastfed babies with parental PPH>2litres
- Babies born <37 weeks gestation
- Babies born weighing <2.5kg

Discuss plan with neonatal SHO
Check baby observations every 4 hours for at least 24 hours

Refer to vulnerable baby feeding leaflet

Term, well sleepy baby:

Skin to skin
Follow PLAN B - term, well sleepy baby colostrum snacks every 2-3 hours from birth (give formula instead of colostrum for bottle fed infants)
Offer breastfeeds in laid back position
Check baby observations every 4 hours until baby shows readiness to feed
Follow hypoglycaemia pathway in absence of colostrum for breastfed infants
Breast pump to stimulate/ maximise lactation
Follow supplementation guidance if breastfeeding parent chooses to supplement Neonatal review at 24 hours (consider birth experience and risk factors)

Scan here for the Feeding and Nurturing Padlet.

Plans A, B and C located in collecting colostrum antenatally section

MILK AS MEDICINE FOR ANY BABY SEPARATED FROM THEIR BIRTH PARENT

Hand express + breast pump within 2 hrs of birth
Express 8-10 times each 24 hours including once overnight
Give all fresh colostrum to baby

Measure blood glucose if a baby becomes reluctant to feed following a period of effective feeding or if there are any abnormal clinical signs in addition to reluctant feeding.

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Supplementation for breastfed infants

Clinically indicated

- **Clinically indicated supplements must be prescribed on baby's drug chart**
- Clinically indicated supplementation (WHO 2009):

⇒ Mother too unwell (complex factors) to breastfeed

⇒ Baby too unwell or injured to breastfeed

⇒ Baby has followed the hypoglycaemia pathway and isn't maintaining BSL

⇒ PPH > 1 litre and no available EBM

- Continue following reluctant feeder cycle.
- Ensure birth parent is stimulating lactation through using a breast pump alongside breastfeeding/ hand expressing.
- Offer all supplements by cup.
- Ensure parents know the implications of supplementing with formula and how to minimise supplementation.
- If parents choose to bottle feed teach them to pace bottle feeds responsively.
- Stop all supplements once baby is feeding responsively at least 8 times in 24 hours and there is evidence of milk transfer.

Fully informed parental choice

- **Parents must supply their own formula unless prescribed for clinical indication**
- Birth parent declines to express additional breastmilk and baby is reluctant to feed.
- Birth parent chooses to mix feed from birth.
- Continue following reluctant feeder cycle but offer formula in place of/ in addition to colostrum.
- Advise birth parent stimulates lactation through using a breast pump alongside breastfeeding/ hand expressing when they feel ready.
- Advise offering all supplements by cup.
- Ensure parents know the implications of formula and how to minimise supplementation.
- If parents choose to bottle feed teach them to pace bottle feeds responsively and only use first milks.
- Advise stopping all supplements once baby is breastfeeding responsively at least 8 times in 24 hours.

Full feed supplementation target volumes

Paced, responsive feeding enables a baby to regulate their own intake over 24 hours.

Signs of effective feeding can be found in the parent feeding leaflets.

0-24 hrs: 10ml/kg per feed for term, well babies (based on 3-4 feeds in first 24 hours) 0-24 hrs: 60ml/kg/day for Vulnerable babies

24-48 hrs: 90ml/kg/day 48-72 hrs: 120ml/kg/day 72hrs-96 hrs: 150ml/kg/day

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PLAN A – TERM, WELL BABY

After birth:

Skin to skin until after first feed

Feed within 1 hour + COLOSTRUM DESSERT

First 24 hours:

Skin to skin +++

Breastfeed 3-4 times in first 24 hours

COLOSTRUM SNACKS EVERY 2-3 HOURS

24-72 hours:

Skin to skin +++

Breastfeed responsively at least 8 times in 24 hours

Cluster feeding to switch on milk cells

COLOSTRUM DESSERTS UNTIL MILK COMES IN

Milk comes in Day 2-4 - FULLY RESPONSIVE FEEDING

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PLAN B – TERM, WELL SLEEPY BABY

After birth:

Skin to skin. Put back in skin to skin after any interventions

Offer feed within 1 hour + COLOSTRUM DESSERT

First 24 hours:

Skin to skin +++

Look for and respond to any feeding cues

HAND EXPRESS AND GIVE FRESH COLOSTRUM EVERY 2-3 HOURS

24-72 hours/ until milk comes in:

Skin to skin +++

Look for respond to any feeding cues

Combine hand expressing and using a breastpump at least 8 times in 24hours

OFFER ALL AVAILABLE COLOSTRUM BY SYRINGE/ CUP UNTIL BREASTFEEDING
(formula may be needed if clinically indicated)

Milk comes in Day 2-4, baby feels better - FULLY RESPONSIVE FEEDING

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PLAN C – VULNERABLE BABY

After birth:

Skin to skin. Put back in skin to skin after any interventions

Offer feed within 1 hour + COLOSTRUM DESSERT

Combine hand expressing and using a breast pump within 2 hours of birth

First 24 hours:

Skin to skin +++

Look for and respond to any feeding cues

Combine hand expressing and using a breast pump at least 8 times in 24 hours

GIVE FRESH COLOSTRUM EVERY 2-3 HOURS

24-72 hours/ until milk comes in:

Skin to skin +++

Look for respond to any feeding cues

Combine hand expressing and using a breastpump at least 8 times in 24 hours

OFFER ALL AVAILABLE COLOSTRUM BY SYRINGE/ CUP UNTIL BREASTFEEDING
(formula may be needed if clinically indicated)

Milk comes in Day 2-4, MODIFIED RESPONSIVE FEEDING UNTIL two consecutive weight gains