Worcestershire Acute Hospitals NHS Trust

Guideline for babies who are reluctant to breastfeed

FORMALLY KNOWN AS "PROTOCOL TO PROMOTE SUCCESSFUL BREASTFEEDING IN THE FIRST 24HOURS"

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Key Amendments

Date	Amendments	Approved by

INTRODUCTION

Healthy full term new-borns who are breastfeeding on demand do not require supplementary foods or fluids; this is due to babies being able to counter-regulate (a process of mobilising alternative fuels to provide energy). Therefore babies do not develop symptomatic hypoglycaemia as a result of simple underfeeding. Supplementation of breastfed babies with infant formula is associated with a reduction in the health benefits of breastfeeding and may put genetically susceptible babies at risk of developing atopic conditions and diabetes.

The interval between feeds varies considerably in the healthy full term new-born and there is no evidence that long intervals between feeds are harmful. However, some babies are at risk of developing hypoglycaemia and risk factors should be identified. This guideline should be used in conjunction with, Management of babies 'At-Risk' of Hypoglycemia. WAHT-KD-015

This guideline applies to:

- Infants greater than 36^{+6} gestation
- Clinically well neonates weighing more than 2.5kg and above the 10th centile as per customised growth chart

To be clinically well the baby should:

- Have good tone
- Pink skin colour
- Alert
- Temperature 36.5ºC-37.2ºC
- Respirations 40-60 per minute

All new staff should receive mandatory training in infant feeding management within 6 months of joining the trust. Staff will then be updated with 2 yearly through mandatory training.

At birth any risk factors should be identified. These babies should have appropriate care. Follow Guideline for Management of babies 'At-Risk' of Hypoglycemia. WAHT-KD-015

- **Preterm** – below 36^{+6} gestation
- **Low birth weight** < 2.5kg or small for gestational age – below 10th centile on customized growth chart
- All babies of **diabetic mothers who have been on insulin or metformin at any time during the pregnancy Ask if it includes all Diabetes**
- Any baby born with **Apgar of 5 or less** at 5 minutes
- Any baby whose **temperature** is below 36.4ºC for more than 1 hour at any time
- Any baby at risk of infection should be observed closely according to the guideline WHAT-KD-015
- All mothers who have had beta blockers in their pregnancy

All babies should be dried at birth and placed in skin contact with his/her mother for as long as the mother wishes, but for at least one hour, uninterrupted or until the first feed has taken place. If skin to skin is not possible immediately after birth, ensure it is offered as soon as possible.

The mother should be encouraged to offer the breast whenever the baby shows signs of hunger. Mothers should be taught to recognise their baby's feeding cues:

- Rooting
- Tongue movements
- Sucking of fingers/fists
- Head turning
- Rapid eye movement during light sleep

N.B. If the baby has not fed prior to transfer to Postnatal Ward, skin to skin contact should be continued until the first feed has taken place or as long as the mother wishes. Hand expressing should be encouraged and colostrum offered on a spoon or finger. The baby should be transferred to the Postnatal Ward with the mother skin to skin. Continuing skin to skin will show the mother the early signs of baby wanting to feed.

Mothers should be shown how to position and attach their baby correctly to the breast to ensure effective feeding at each feed until the mother feels confident. The mother should respond to her babies feeding cues and feed the baby when cues are displayed.

Mothers should understand how they know their baby is getting enough milk:

- Wet nappies appropriate for age
- Dirty nappies appropriate for age
- Rhythmic sucking and swallowing with pauses
- No sore nipples

It is important that staff communicate with the mother regarding the importance of keeping baby close for love, protection, comfort, rest and relationship building. Mothers are to be supported to understand that breastfeeding is about much more than just food, also understanding that it is ideal to feed their baby when she or the baby wants and that it is not possible to overfeed a breastfed baby.

Lack of stimulation of the breast especially in the first few days after birth can seriously compromise breastfeeding, so care of mother and baby must be pro-active to safeguard milk production. If the baby does not effectively feed, the mother needs to be shown how to hand express to stimulate future supply, as prolactin receptor sites close down if not stimulated early and frequent . Follow the flow chart, but express a minimum of 8 times in 24 hours and at least once at night. Move onto the electric pump once colostrum is less sticky and thick.

Some mothers will not produce very much colostrum in the first 48 hours, this is normal, and babies will counter-regulate. However after 48 hours, if the mother is not producing increasing amounts of colostrum, this is an indication that there is a delay in the mother's milk supply and may need to supplement with artificial milk, after full discussion with the mother.

Inform Infant Feeding Advisor.

If artificial milk is clinically indicated, see flowchart (Appendix 1) for guidance.

Once the mother's milk supply is increasing, then the artificial milk should be replaced with mother's breast milk, with continued support with breastfeeding.

Any extra milk should be given in a cup or on a spoon, to avoid any confusion to the baby, if mothers choose to use a bottle, they should have had a discussion regarding why we would avoid this and document in the mothers notes.

Monitoring is important for all babies, since disinterest in feeding could be a sign of illness. Any baby who is unwilling to feed should have their clinical condition assessed; their temperature and respirations should be measured and documented in the notes. Any deviation from normal requires a Paediatric referral. Blood glucose testing is neither indicated nor appropriate for babies who are not at risk, unless they develop signs of illness.

All members of staff should follow the flow chart (Appendix1) to ensure good practice and reduce conflicting advice to mothers.

The use of the 'Helping babies who are reluctant to feed' parents information leaflet and accompanying stickers, placed in post natal notes, will further help with reducing conflicting advice

All mothers should have a copy of "Mothers and others Guide"; this reinforces the information given.

References

1. WHO (1997) Hypoglycaemia of the Newborn. Review of the literature. WHO Geneva

2. Ip S et al (2007) Breastfeeding and Maternal health Outcomes in developed Countries. AHRQ Publication No-E007

3. Akre J. Infant Feeding the Physiological Basis. WHO Geneva 1989

4. **Unicef UK Baby Friendly Initiative (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative Standards**

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APPENDIX 1

HAS BABY FED EFFECTIVELY AT BIRTH?
(Rhythmic suck and swallow for at least 10 mins)

Ye

Keep warm.
Offer further help within 6 hours of birth.
Teach feeding cues to mum

NO

Continue skin contact
Keep warm.
Teach Feeding cues
Review 2-3 hours

Check condition
Continue with Skin contact
Rouse to feed

FED EFFECTIVELY?
(Rhythmic sucks and swallows for at least 10 mins)

Yes

Discuss Responsive feeding
Emphasise importance of frequent feeds to establish supply
At least 8 feeds in 24 hours
Offer help until mother is confident

NO

- Teach mum how to hand express
- Give Any EBM to baby by syringe/cup/spoon
- Every 2-3- hours
  Check condition and
  Rouse to feed

Continue expressing and give EBM 2-3 hourly until Breastfeeding well

<u>Feeding Cues</u>

- Rooting
- Tongue movements
- Head turning
- REM if sleeping
- Finger sucking
- Salivating

<u>Check Condition</u>

- Colour
- Tone
- Alertness
- Temp
- Resps

Any deviation from normal refer to paediatrician

After 48 hours if no colostrum or colostrum is not increasing, supplement with Artificial milk via cup. As a guide After 48 hours 5-7mls By 72 hours 10mls, By 96 hours 20-30mls, By day