Reluctant feeder – management of term healthy breastfed babies

Introduction

Most healthy, term newborn babies will seek to breastfeed within the first 2 hours of birth if given the opportunity for uninterrupted skin to skin contact. However, maternal analgesia, type of birth, length of labour and maternal condition preceding birth (such as sepsis) can affect the natural responses and lead to the newborn becoming reluctant to feed and sleepy. Healthy term newborns are able to utilise alternative fuels such as ketone bodies and lactate and do not require supplementation with formula but instead healthcare professionals should use this guideline to support mothers, protect and promote exclusive breastfeeding.

1. Initiation of breastfeeding in a Healthy Term Infant (>2ndCentile)

Best Practice for initiation of breastfeeding:

- Encourage skin to skin contact immediately following birth or as soon as possible based on the clinical picture.
- Support women to breastfeed within the first hour of baby's birth and in skin to skin contact.
- Offer uninterrupted skin to skin contact for as long as mother wishes for – minimum one hour or until after the first feed.
- Ensure mothers understand the basic anatomy and physiology of breastfeeding; positioning and attachment; and hand expression and clearly document this in mother's notes.
- Ensure the mother understands responsive feeding and knows how to recognise effective feeding including length of feeds, baby being settled after feeds and baby's output (urine and stools).

1.1 When the baby does not feed within the first hour:

- Promote skin to skin contact explaining its benefits in stimulating the production of oxytocin and its impact on bonding and brain development. Encourage mothers to use laid back position, reassure and consider hand expressing colostrum and giving it to baby via syringe.
- Encourage mother to maintain skin to skin contact, hand express colostrum and await feeding cues/review in 2-3 hours.
- Tempt baby at the breast again and stimulate
- If baby remains reluctant to feed – undertake observations utilising the NEWTT chart four hourly – any concerns contact neonatal team for review. Otherwise encourage mum to hand express colostrum and give it to the baby.
- If baby is still not feeding effectively encourage mum to hand express colostrum 2-3 hourly and feed it to baby via syringe or cup until the baby breastfeeds effectively. Tempt baby at the breast regularly and encourage skin to skin contact. There is no need to perform a blood sugar check unless clinically indicated (ie. baby becomes jittery).
- Commence feeding chart and give parents a copy of appendix 4

1.2 When after 24 hours after birth baby still has not breastfed:

Assess wellbeing including a full set of observations and seek review by the neonatal registrar. This does not necessarily mean that formula feeding may be necessary at this point.
Reassure mother and continue to hand express 2-3 hourly. Document amount of breastmilk expressed on the infant feeding chart to ensure amounts are increasing.

- If a baby appears to show signs of a low blood glucose (i.e. shows signs of sleepiness, low temperature and/or becomes jittery) – investigations such as a full set of NEWTT observations and a blood sugar check should be performed prior to a formula supplement being given and hand expression should be attempted as first measure.

- It is unacceptable to discharge an infant from hospital care whilst it is still reluctant or unable to breastfeed. Women who have required extra support with breastfeeding should be encouraged to contact their community midwife, or triage out of ours, to access support should concerns re-emerge once discharged home. Discharge packs with signposting to community support should also be given to all parents.

1.3 Any new feeding issues arising after 24 hours

If a baby has previously been feeding as expected and a new feeding problem arises then seek medical review.

- Abnormal feeding behaviour such as; not waking for feeds, not sucking effectively, appearing unsettled and demanding very frequent feeds-*especially after a period of feeding well*-can be a sign of potentially attributable to hypoglycaemia

2. Formula supplementation:

If despite persisting with all the steps mentioned above, the infant requires formula supplementation this should be discussed with parents, describing risks vs benefits of formula supplementation in view of the clinical picture.
Formula should be given via cup according to baby's age at the time of supplementation in the correct amount:

- Day 0-1 5-10mls
- Day 1-2 10-15mls
- Day 2-3 15-20mls

Supplementation sticker (Appendix 2) should be placed in baby's notes to confirm the correct processes and discussions have taken place.

If the clinical picture of an infant has changed requiring regular supplementation, one supplementation sticker and audit form per shift will be acceptable. However, women should still be supported to breastfeed and encouraged to hand express in the first instance before giving a formula top up.

3. Using the reluctant feeder flowchart

The following babies are excluded from this regime:

- Preterm <37 weeks of gestation
- Small for gestational age <2nd Centile
- Birth trauma
- Low blood glucose levels
- Any baby requiring admission to the NICU

The reluctant feeder flowchart should be displayed in all postnatal wards and applied to all term newborn babies in good health whose mothers wish to breastfeed.

- Mothers should be given a copy of the 'Helping you to breastfeed successfully' (see Appendix 4) post-delivery on Labour Ward or on admission to postnatal ward. Mothers should be explained how to complete the infant feeding chart alongside being introduced to this.
- It is important that all staff follow the reluctant feeder flowchart for the appropriate babies. Any deviation from the charts may result in conflicting advice and inaccurate plans of care which may interfere with the normal physiology of breastfeeding
- The breastfeeding flowcharts should be replaced with the hypoglycaemia guideline where it is suspected that the baby is becoming unwell and requires more prescriptive management.

4. Hand expressing

- All mothers who intend to breastfeed should be taught ('hands off approach') how to hand express colostrum prior to discharge home. This enables mothers to ensure that their infants receive adequate nutrition and allows them to be more proactive in the event that the baby becomes reluctant to feed.
- Hand expressing should be attempted prior to any form of formula top up being given to the baby. Colostrum should be offered to the baby in the first instance in the event of baby being reluctant to feed.
- Breastmilk flow can be inhibited by stress, anxiety or embarrassment therefore the mother should be reassured and encouraged to relax as much as possible. A warm bath/ shower or a warm compress may help to improve the milk flow. Gentle massage may also prove beneficial.
- Colostrum should be collected in a sterile cup or syringe.
- Suggested hand expression time is until the milk ceases at each breast
- Mother should be encouraged to hand express as often as possible (ideally 2-3 hourly) even if she does not always collect the colostrum.

5. Sterilising equipment and storing breastmilk

- Mothers who are hand expressing colostrum should be provided with a new sterile container/syringe every time.
- Mothers who use the pump to express their breastmilk should be taught how to use the Breast Pump correctly and provided with expressing kit.
- Mothers should be taught how to clean and sterilise equipment safely and effectively.
- All equipment should be cleaned with water and washing up liquid and rinsed appropriately.
- Sterilising bags and cleaning brushes are available on Transitional Care Ward – mothers should be shown how to measure appropriate amount of sterile water to pour into the bag and how to use the microwave for sterilising including timing.
- Sterilising equipment is not available on Argyll ward – mothers should be told to dispose of the equipment each time. In cases where mother is having to pump regularly, a consideration should be made as to whether it would be more appropriate for her to stay on Transitional Care Ward.
- Breastmilk storing facilities are available only on Transitional Care Ward (TCW). Women staying on Argyll ward and requiring safe storage for their breastmilk can ask a member of staff to take the breastmilk to be placed in the fridge on TCW.
- All breastmilk should be labelled with woman's name, hospital number, date and time of expressing.
- On removing the breastmilk from the fridge two members of staff should check the details to ensure that the correct milk is given to the correct baby
- Milk warming facility is available on Transitional Care Ward and staff should assist women to use it appropriately.

In case where breastmilk is given to the incorrect baby – a senior member of staff and neonatal team should be informed immediately.

- Datix should be completed and Duty of Candour provided to both parties.

Audit and Monitoring

- Audit of compliance with this guideline will be undertaken by the Infant Feeding Lead on a regular basis in accordance with the UNICEF UK Breastfeeding Friendly Initiative requirements.

- As a minimum the following specific requirements will be monitored:
- Process for supporting mothers who are breastfeeding
- Process for supporting mothers who are bottle feeding
- Process to be followed when a problem with feeding is identified
- Experiences of mothers who choose to breastfeed
- Experienced of mothers who choose to artificially feed
- Rates of supplementation of term, healthy newborns.
- Breastfeeding continuation rates at hospital discharge and at midwifery discharge
- Documentation of antenatal conversations relating to infant feeding and relationship building
- Documentation of infant feeding advice/support during the postnatal period
- Documentation of any supplements given to healthy, term newborns.
- Feeding plans protective of breastfeeding
- Maternity service's expectations in relation to staff training, as identified in the training needs analysis, regarding breast and artificial feeding methods
- Key findings and learning points will be disseminated to relevant staff
- The findings of the audit will be reported to MAG, the management team and the Maternity Risk Management office. An action plan will be developed to address any identified deficiencies. Performance against the action plan will be monitored by the group at the subsequent meetings.
- The audit findings will be reported to the monthly MAG meeting and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

University Hospitals Plymouth NHS Trust

Appendix 1. Reluctant Feeding Flow Chart

Birth

- Dry baby/keep warm
- Initiate and maintain skin to skin contact for at least 1 hr or until after 1st feed
- Encourage responsiveness with mother.
- Discuss and support to recognize feeding cues.
- First feed in skin to skin contact preferably within 1 hour
- For babies being fed formula follow the chart but give formula milk instead of colostrum.
- **Fed effectively?**

6-8 hours following birth

- Second feed completed?
- **Fed effectively?**

YES

NO

Initiate active feeding plan **

1-2 hours following birth

- Maintain skin-to-skin contact
- Review in 1-2 hours
- Assess well-being of the baby and monitor well-being to ensure no underlying clinical cause for not feeding
- If breastfeeding encourage mother to hand express and give small amounts of colostrum to baby
- **Fed effectively?**

NO

Active feeding plan **

- Maintain skin contact
- Review every 2-4 hours
- Actively encourage breastfeeding
- Offer feeds according to feeding cues
- If breastfeeding hand express at least 8-10 times in 24 hours
- Continue to give ebm and actively support until successfully breastfeeding
- Avoid teats, dummies and nipple shields
- Support mother and listen to concerns raised regarding ill health
- Monitor well-being*
- Continue until feeding issue resolves- **most babies are ready for 8-12 feeds in 24 hours after the first 24 hours**

YES

Monitor well-being of baby on NEWTT chart at least 4 hourly*

- Any maternal concerns
- Colour
- Tone
- Respiratory well-being
- Temperature
- Alertness/level of consciousness
- Number and consistency of wet and dirty nappies
- Risk for sepsis
- **If any signs of illness refer to neonatal team. Any concerns about possible hypoglycaemia or ill-health refer to relevant guidelines**

Complete breastfeeding assessment using breastfeeding assessment tool

Once the baby is feeding successfully then **responsive feeding**

Appendix 2

Supplementation sticker

Supplement required clinically by infant ◯
Reason:
Supplement requested by mother ◯
Reason:
Breastfeeding assessment form completed ◯
Support given with skin contact/laid back position ◯
Support given with hand expressing ◯
Support given with positioning and attachment ◯
Discussion with parents:
Newborn feeding pattern ⓘ Responsive feeding ⓘ Signs of appropriate milk transfer ⓘ
Documented plan to support exclusive breastfeeding ⓘ
Date: ……. Time: …… Sign: ……..

Reluctant feeder

Appendix 3

Supplementation audit form
For continuous audit

Baby's name .....…….Mothers Name…….

Unit number .....…….Unit number…….

Baby's birth weight ….....…….. Date of Supplementation……

Gestation .....…….....……..

Age .....……..

Please write below why the supplement was given

Signature: .....

To be completed by auditor

Review of written records

Supplement(s) given was/were:

☐ Clinically indicated with optimum care given
☐ Clinically indicated but care could be improved
☐ Fully informed maternal decision
☐ Maternal request without fully informed decision
☐ Staff suggestion for non-clinical reasons

Auditor signature: .....

Date: .....

Reluctant feeder

HELPING YOU TO BREASTFEED SUCCESSFULLY

Baby wakes and feeds

Yes

Skin to skin contact is still a good idea to use as often as you wish, as it will keep your baby calm and relaxed and stimulate feeding instincts. Talk to your baby gently – loving and caring environment helps your baby's brain development and makes more relaxed and confident toddlers!

No

Stimulate your baby by undressing and changing his/her nappy then put them in skin to skin contact. This will keep your baby warm and stimulate their instincts to feed. You may notice baby starting to root, lick the breast or bob their head. ***Ask your midwife for help***.
Remember that some drugs, which you may have had in labour, such as Diamorphine or more hands on delivery such as ventouse/forceps might make your baby sleepy for the first day or two, so you might have to wake your baby up for feeds every 3-4 hours.

YES

YES

Wake your baby again and ***stimulate*** him/her every hour or two until he/she feeds. Ask midwife to help you place baby in laid back position. Don't stress, just let your baby to find the breast. You might be surprised how clever your baby is in finding your breast with very little assistance. ***Try expressing some colostrum*** onto your nipple to tempt your baby to the breast. If you are not sure how to do this ask your midwife to show you.

YES

Ask your midwife to help you to express some milk for your baby, in the first 2-3 days it is best to hand express colostrum. You can give the expressed milk to your baby by a syringe or cup –depending on the quantities.
Remember, in the first day or two your baby will only need very small amounts – around a teaspoon full at each feed, so don't worry if you only get a small quantity of milk – that will be perfect!

YES

Continue to keep trying your baby at the breast frequently (every hour or two). Eventually he/she will wake up and be ready to feed – you might need to be patient. However be prepared that when the time comes he/she will probably want to feed very frequently to make up for the lost time!
In the meantime, continue to express breastmilk every couple of hours. This will stimulate your breastmilk, so that you have a good supply when your baby is ready to feed. It will also provide your baby with milk, which can be given by cup.
Skin to skin contact will also provide warmth and comfort which will stimulate production of oxytocin (the love hormone) – this will ***help you to bond with your baby*** and will ***stimulate your baby's brain development***. Don't forget to talk to your baby and hold your baby close – they learn a lot from watching your facial expressions!

Once the breastfeeding is established there is no need to keep a record, simply allow your baby to decide when he/she is hungry.
Don't feel tempted to give formula feeds, as this is likely to interfere with breastfeeding. Giving formula feeds can:

1. Increase the chance of serious allergy to cow's milk protein
2. Increase the chance of bowel infection and diarrhoea by changing the acid level in the baby's gut. It can take up to a month to return to normal, safe levels.
3. Your breasts will not get as much stimulation which will reduce your milk supply
4. It may reduce your confidence in breastfeeding and may lead to you stopping breastfeeding sooner than planned

Reluctant feeder

Cross references

Bradford and Harrogate Reluctant Feeder Guideline reproduced with permission. The Baby Friendly Initiative Available from: http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/bradford_and_harrogate_reluctant_feeder_guidelines.pdf [Accessed 29th August 2016]

National Institute for Health and Care Excellence (NICE) (2013) Postnatal Care (QS37) Available from: https://www.nice.org.uk/guidance/qs37/resources/postnatal-care-2098611282373 [Accessed 29th August 2016]

UNICEF UK Baby Friendly Initiative (2012) Guide to the Baby Friendly Initiative Standards. Available from: http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Baby_Friendly_guidance_2012.pdf?epslanguage=en [Accessed 29th August 2016]

Mid Essex Hospital Services (2014) Management of Babies that Are Reluctant to Feed Guideline reproduced with permission.

Maternity Guideline - Maternity Hand Held Notes, Hospital Records and Record Keeping
Maternity Guideline – Guideline development within the maternity services
Neonatal guidelines
Breastfeeding policy TRW/CLI/POL/311/1

Maternity Guideline - Bed Sharing guidelines
Maternity Guidelines - Transfer of the newborn infant and mother to the ward

Author	Guideline committee		
Work Address	Maternity Unit, Derriford Hospital, Plymouth, Devon, PL6 8DH		
Version	8.0		
Changes	Oct 12 Guideline PN 14 amalgamated with PN 1. June 13 Formula fed babies may not require weighing on day 3 Readmissions criteria added Responsive feeding added Guideline split into 'Newborn weight loss management' and 'Reluctant feeder – management of healthy term breastfed babies' Nov 2020 Medical review must be sought after 24 hours of feeding problems or if a new feeding problem arises after 24 hours of age NEWTT observations must be completed 4 hourly if following reluctant to feed pathway Reluctant feeding pathway new		
Date Ratified	March 2021	**Valid Until Date**	March 2024