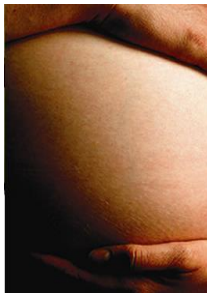
Plymouth Hospitals NHS
NHS Trust



Postnatal Guidelines

Reluctant feeder – management of term healthy breastfed babies

INDEX

1. Introduction

Most healthy, term new born 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 infants natural responses and lead to them becoming reluctant to feed and sleepy. Healthy term babies 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.

2. Purpose

2.1 To ensure all breastfed babies who are initially reluctant to feed at the breast are correctly managed in a way that maintains adequate health and nutrition and promotes and sustains breastfeeding.

2.2 To ensure all staff are aware of the correct management of reluctant breastfed babies

3. Aims

3.1 To ensure that breastfeeding is seen as the normal way to feed a baby even when a baby is initially reluctant to feed

3.2 To ensure all staff support infant nutrition and promote exclusive breastfeeding in accordance with the UNICEF UK Breastfeeding Friendly Initiative Guidelines.

3.3 To ensure all breastfed babies who are reluctant to feed are managed correctly in a way that promotes breastfeeding and ensures adequate hydration and nutrition.

3.4 To ensure all members of staff in contact with breastfeeding mothers are competent and supported to give specialist and impartial advice.

4. Trust Statement

4.1 This guideline is strongly supported by the Maternity Management and Supervisors of Midwives for the following reasons:

- To avoid conflicting advice. It is mandatory that all staff adhere to this policy. Any deviation from this policy must be justified and documented in patients notes. This guideline should be used in conjunction with the New born Weight Loss Management guideline and the Infant Feeding Policy.
- It is midwife's responsibility to liaise with medical staff should any concerns arise over the health of the baby.
- Compliance with this guideline will be audited on a regular basis.
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5. Equality and Diversity

5.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

6. Communicating the reluctant feeder guideline

6.1 This guideline is to be communicated to all healthcare staff who are in contact with mothers and babies. A copy is available for all staff on intranet.

6.2 The reluctant feeder flow chart (Appendix 1) should be displayed clearly on postnatal wards so that staff and parents are aware of it.

6.3 All staff commencing employment within the Trust should be made aware of this guideline and allowed to familiarise themselves with the correct management of babies who are reluctant to feed. Staff rotating to postnatal wards should be reminded to familiarise themselves with the guideline and flow charts prior to commencement and regularly throughout their allocation.

7. Initiation of breastfeeding in a Healthy Term Infant (>2.5kg)

7.1 Best Practice for initiation of breastfeeding:

7.2 Encourage skin to skin contact immediately following birth or as soon as possible based on the clinical picture.

7.3 Support women to breastfeed within the first hour of baby's birth and in skin to skin contact.

7.4 Offer uninterrupted skin to skin contact for as long as mother wishes for – minimum one hour or until after the first feed.

7.5 Ensure mothers understand the basic anatomy and physiology of breastfeeding; positioning and attachment; and hand expression and clearly document this in mother's notes.

7.6 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).

8. When the baby does not feed within the first hour:

8.1 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.

8.2 Encourage mother to maintain skin to skin contact, hand express colostrum and await feeding cues/review in 2-3 hours.

8.3 Tempt baby at the breast again and stimulate

8.4 If baby remains reluctant to feed – assess its wellbeing – any concerns contact neonatal team for review. Otherwise encourage mum to hand express colostrum and give it to the baby.

8.5 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).

8.6 When after 24-48 hours after birth baby still has not breastfed:

8.7 Assess wellbeing including a full set of observations and consider review by the neonatal registrar. This does not necessarily mean that formula feeding may be necessary at this point.

8.8 Reassure mother and continue to hand express 2-3 hourly

8.9 If a baby appears to show signs of a low blood glucose (ie. becomes jittery) – investigations such as a full set of NEW 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.

8.10 It is unacceptable to discharge an infant from hospital care whilst it is still reluctant or unable to breastfeed without having an adequate care pathway in place and ensuring that the mother can hand express and provide her infant with adequate interim nutrition.

9 Formula supplementation:

9.1 If despite persisting with all the steps mentioned above, the infant requires formula supplementation:

9.2 This should be discussed with parents describing risks vs benefits of formula supplementation in view of the clinical picture

9.3 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

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

9.5 An audit form (Appendix 3) should be completed and placed for collection by the infant feeding lead midwife in the designated area on each ward.

9.6 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.

10 Using the reluctant feeder flowchart.

10.1 The following babies are excluded from this regime:

- Preterm <37 weeks of gestation
- Small for gestational age <2.5kg
- Large for gestational age >4.5kg
- Birth trauma
- Low blood glucose levels
- Any baby who is unwell

10.2 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.

10.2 Mothers should be given a copy of the 'Breastfeeding Journal' (see Appendix 5) post-delivery on Labour Ward or on admission to postnatal ward. Mothers

should be explained how to utilise the journal which includes the reluctant feeder flowchart at the back to allow the mothers to be proactive when it comes to feeding.

10.3 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

10.4 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.

11 Hand expressing

11.1 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.

11.2Hand 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.

11.3Breastmilk 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.

11.4Colostrum should be collected in a sterile cup or syringe.

11.5Suggested hand expression time is until the milk ceases at each breast

11.6Mother should be encouraged to hand express as often as possible (ideally 2-3 hourly) even if she does not always collect the colostrum.

12 Sterilising equipment and storing breastmilk.

12.1 Mothers who are hand expressing colostrum should be provided with a new sterile container/syringe every time.

12.2 Mothers who use the pump to express their breastmilk should be taught how to use the Breast Pump correctly and provided with expressing kit.

12.2 Mothers should be taught how to clean and sterilise equipment safely and effectively.

12.3 All equipment should be cleaned with water and washing up liquid and rinsed appropriately.

12.4 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.

12.5 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.

12.6 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.

12.7 All breastmilk should be labelled with woman's name, hospital number, date and time of expressing.

12.8 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

12.9 Milk warming facility is available on Transitional Care Ward and staff should assist women to use it appropriately.

12.10 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 Condour provided to both parties.

13 Staffing and Training

13.1 All midwifery, neonatal, paediatric and obstetric staff will attend a full Breastfeeding study day when first joining the Trust or in case they have not attended the Breastfeeding Update in the last 3 years.

13.2 Once staff attended the full day Breastfeeding Study Day, they are required to attend a mandatory face to face Breastfeeding Update day once every 3 years

13.3 All staff are required to complete the Infant Feeding E-learning once a year.

13.4 All staff are required to complete the Practical Skills Assessment for Breastfeeding during their Mandatory Training Week each year.

13.5 All staff should familiarise themselves with the UNICEF UK Baby Friendly Initiative Standards of maternity services and the role that skin to skin contact plays in successful breastfeeding initiation.

13.6 All staff should ensure that their knowledge and skills are up to date in order to effectively support breastfeeding mothers.

14 Audit and Monitoring

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

14.3 As a minimum the following specific requirements will be monitored:

14.4 Process for supporting mothers who are breastfeeding

14.5 Process for supporting mothers who are bottle feeding

14.6 Process to be followed when a problem with feeding is identified

14.7 Experiences of mothers who choose to breastfeed

14.8 Experienced of mothers who choose to artificially feed

14.9 Rates of supplementation of term, healthy newborns.

14.10 Breastfeeding continuation rates at hospital discharge and at midwifery discharge

14.11 Documentation of antenatal conversations relating to infant feeding and relationship building

14.12 Documentation of infant feeding advice/support during the postnatal period

14.13 Documentation of any supplements given to healthy, term newborns.

14.14 Feeding plans protective of breastfeeding

14.15 Maternity service's expectations in relation to staff training, as identified in the training needs analysis, regarding breast and artificial feeding methods

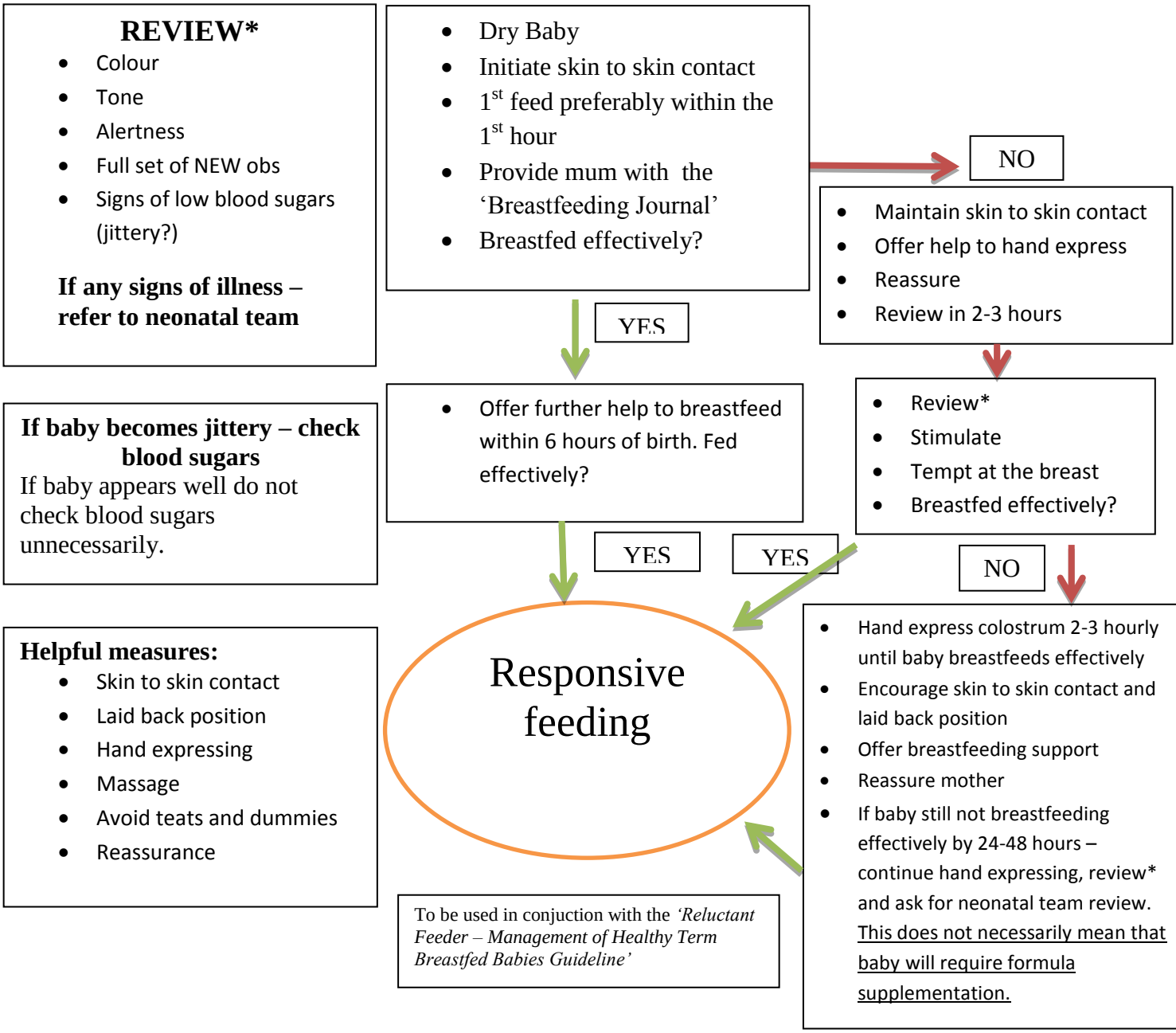
14.16 Key findings and learning points will be disseminated to relevant staff

14.17 The findings of the audit will be reported to the Clinical Effectiveness Committee (CEC), 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.

14.18 The audit findings will be reported to the monthly Clinical Effectiveness Committee (CEC) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

Appendix 1.

MANAGING HEALTHY TERM BREASTFED BABIES



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: ……..

Appendix 3.

Breastfed baby formula supplementation form

Please complete one form for every formula supplement or top up given to a term, healthy breastfed baby.

Baby's name…… **Mother's name** ……

Unit number …… **Unit number** ……

Baby's birth weight …… **Gestation**…….. **Age**……

Date of supplementation …….

Please write below why the supplement was given

Supplementation/top up amount (mls) appropriate? ◯

Supplement sticker placed in baby's notes? ◯ Signature .....

Print name ……..

Address La

Appendix 4. SCORE GUIDE:

1 = LICKED AROUND NIPPLE BUT NOT INTERESTED IN SUCKING
2 = ROOTING AT THE BREAST AND ATTEMPTING TO LATCH
3 = ROOTING, LATCHING ON WITH A WEAK SUCK/COMES OFF AFTER A FEW SUCKS
4 = ROOTING, LATCHING ON WITH A STRONG SUCK

Date and time of feed	**Help with positioning and latch** (who by)	**Help given with hand expressing** (how much)	**How well did baby feed?** (see score guide above)	**How long did baby feed for?**	**Wet nappy?** (tick)	**Bowels opened?** (colour)

This chart is offered as a guide, so that together we can make sure that your breastfeeding gets off to a good start. Although breastfeeding is natural, sometimes it may take a while for you and your baby to get the hang of it. Like any other skill it requires time, practice and perseverance.

Don't worry, we are here to help, so please don't hesitate to ask if you would like a midwife to assist you. 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. Bottle feeding may confuse your baby as a plastic teat is different to your nipple and milk flow faster. Baby may become reluctant to feed from the breast
4. Your breasts will not get as much stimulation which will reduce your milk supply
5. It may reduce your confidence in breastfeeding and may lead to you stopping breastfeeding sooner than planned.

TURN OVER FOR MORE INFORMATION

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!

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!

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.

Antenatal Guideline 31 - Maternity Hand Held Notes, Hospital Records and Record Keeping
Antenatal Guideline 44 – Guideline development within the maternity services
Neonatal guidelines
Breastfeeding policy TRW/CLI/POL/311/1

Post Natal Guidelines - 2. Bed Sharing guidelines
Post Natal Guidelines - 13 Transfer of the newborn infant and mother to the ward

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