Large weight loss guideline: Community midwives reference tool



Assessment (day 5)	Complete the assess	ment form overleaf.				
Weight loss	Breastfeeding (day 5):		Α	Artificial feeding (day 5):		
10-12.9%:	 Support parents with positioning and 			 Support parents with appropriate 		
Midwife-led	attaching baby to ensure effective			artificial feeding technique		
management of feeding	breastfeeding			 Advise parents 		
	 Advise parents to breastfeed baby 3 			volumes of 150		
	hourly, then offer supplements of 60- 100mls/kg/day NB. Feeds should be every 3 hours start-to-start, ie. 9am, 12pm, 3pm					
				Birthweight	Suggested 3-hourly volumes if artificial feeding	
	Birthweight	Suggested 3-hourly		2.5kg	47mls	
		supplement if		2.75kg	52mls	All mothers
		breastfeeding		3kg	57mls	All pathways:
	2.5kg	19-31mls		3.25kg	61mls	Reassess and
	2.75kg	21-34mls		3.5kg	66mls	reweigh baby
	3kg	23-38mls		3.75kg	70mls	after 24 hours:
	3.25kg	24-41mls		4kg	75mls	arter 24 nours.
	3.5kg	26-44mls		4.25kg	80mls	If weight gain
	3.75kg	28-47mls		4.5kg	84mls	>20g, reweigh
	4kg	30-50mls				in another 48
	4.25kg	32-53mls				hours
	4.5kg	34-56mls				
Weight loss	Baby requires discussion with a neonatal consultant to assess and establish feeding plan. If weight gain					
13-14.9%: Discuss with	Weekdays before 5pm: <20g contact					
neonatal consultant, aim	Postnatal ward consultant – Bleep 4133					
to manage at home	Weekdays after 5pm or weekends:					consultant to
	On-call consultant – Bl	eep 1615				discuss
144-1-1-1	Balance Construction		-1.	and the second of BUCVB		_
Weight loss ≥15%, or	Baby requires medical assessment in emergency department at RHCYP.					
concerns baby is unwell	Any unwell baby should be sent immediately (ambulance if required) to ED at RHCYP					
or dehydrated: For same	If baby is not acutely unwell but needs admission for more intensive feeding support ED staff					
day review in emergency	should discuss with Neonatal SpR (Bleep 1610) to consider further management and consideration of admission to postnatal ward/transitional care/NNU as appropriate.					
department	consideration of duffits	SSIOTI TO POSTITATAL WATU/T	iaiis	Sitional Care/ININO as	арргорнасе.	

Large weight loss guideline: Feeding assessment chart

Weight Monitoring	Birth weight			
	Current weight			
	Percentage weight loss			
Feeding Assessment	Frequency of feeds			
	Length of feeds			
	Does baby wake for feeds?			
	Is baby settled after feeds?			
	Have you observed baby having an adequate feed?			
	Have you observed baby taking an appropriate top up volume?			
	If bottle feeding what is the volume and frequency of feeds?			
Hydration Status	Does baby have any of the following?			
	 Dry mouth/mucous membranes Sunken fontanelle Dry skin Weak cry Urates in the nappy 			
	Number of wet nappies in last 24 hours and when was the last wet nappy?			
	When was the last dirty nappy and what colour was the stool?			
Observations	Respiratory Rate			
	Heart Rate			
	Temperature			
Jaundice	Is the baby jaundiced and if so what is the Minolta/SBR?			