

Feeding of the well <37 weeks newborn in the postnatal wards and community

Care in the first 6 hours

- Immediately after birth all well, term babies should be cared for in skin to skin contact with mother. (see [Skin to skin contact immediately after birth](#) guidance). If mother is unwell, then skin to skin contact (SSC) with baby's father or mother's supporter is advised. However as soon as mother is able to provide skin to skin this should be implemented.
- During the first few hours following birth babies in SSC will go through a [9 stage process](#) culminating in searching for the breast and self attaching.
- As the baby progresses through these stages, mothers may benefit from suggestions on how to help baby to attach when he or she is ready ([Skin to skin contact - practical suggestions](#)).
- Rushing baby through the stages, or removing baby before the first feed may be detrimental to successful breastfeeding.
- Some mothers who choose to formula feed may wish to offer a first feed of colostrum at this stage and should be supported to do this.
- If mothers choose to formula feed, then when baby shows signs of feeding readiness, mothers should be encouraged to offer the first bottle feed in skin to skin contact.
- The Flow chart for management of babies < 37 weeks at risk of hypoglycaemia on Labour Ward, HDU and Postnatal Wards_must be completed for all 'at risk' babies – see below for a list of babies at risk of becoming hypoglycaemic.

Continuing care, assessment and support from 6 hours to 5 days

Around 6 hours of age

- Review feeding with all breastfeeding mothers: Ask the questions:
 - Has baby had a breastfeed? If yes, document information in baby's feeding chart.
 - Encourage responsive feeding, assessing at regular intervals.
 - Determine mother's understanding about breastfeeding and tailor information appropriately (see Maternity Services Lothian [Practical Skills Review](#) form)
 - Document conversation and information given.
 - Continue to support with normal postnatal care.
 - If baby has not yet breastfed, have they shown signs of feeding readiness?
 - If yes, determine mothers' understanding about breastfeeding and tailor information appropriately to support her to position and attach her baby.
 - If baby is not showing signs of feeding readiness, or is unable to attach and breastfeed, follow the Supporting breastfeeding guidance
- Review feeding with all formula feeding mothers: Ask the questions:
 - Has baby had a formula feed? If yes, document information in baby's feeding chart
 - Encourage responsive feeding, assessing at regular intervals.
 - Determine mother's understanding about bottle feeding and tailor information to support her appropriately.
 - Document conversation and information given.
 - Continue to support with normal postnatal care.

- If baby has not yet had a bottle feed, have they shown signs of feeding readiness?
 - If yes, determine mother's understanding about bottle feeding and tailor information appropriately to support her to bottle feed her baby.
- If baby has been unable to take any formula milk by bottle since birth, request review by junior doctor /ANP.

Around 72 hours of age

- Assess breastfeeding with mother and record using the formal [Breastfeeding Assessment Tool](#)
- Assess bottle feeding with mother using records of feed volumes and elimination
- **If there are any indicators of ineffective feeding, weigh baby**
 - For weight loss between 8-10% offer a plan of additional support for breastfeeding
 - For weight loss of >10% follow the Large Weight Loss guidance

On day 5 of life

- Assess breastfeeding with mother and record using the formal [Breastfeeding Assessment Tool](#)
- Assess bottle feeding with mother, using records of feed volumes and elimination
- **Weigh all babies**
 - For weight loss between 8-10% offer a plan of additional support for breastfeeding
 - For weight loss of >10% follow the Large Weight Loss guidance

Formula supplementation

Formula supplementation for breastfeeding babies may be offered for 2 reasons (see Formula Supplementation_Guideline):

- Baby's nutritional needs are greater than mother's milk supply
- Maternal choice

Discharge Planning for babies not breastfeeding effectively

Babies who are not yet attaching or breastfeeding effectively, but are otherwise well, may go home with good information, a plan for feeding and ongoing support of breastfeeding (see supporting Guidance)

Once at home, mothers and babies with complex breastfeeding needs may be referred to Lothian Breastfeeding Clinic services (accessed via the Internet).

Discharge Planning for bottle feeding mothers and babies

Ensure bottle feeding mothers understand:

- The importance of comfort and closeness for their baby's development
- How to bottle feed in a responsive way

- How to prepare a formula feed as safely as possible

Babies at risk of hypoglycaemia at birth are:

- Infant of diabetic mother
- For birthweight <3kg, screen if weight is 2nd centile or less (see below)
- <37 weeks gestation
- Mother on beta blockers
- Cord pH <7.0 (see separate guideline)

Other 'at risk' babies identified after birth

- Poor tone, excess lethargy or unwell (do BG, observations and ask Paediatrician to attend)

The Flow chart for management of baby at risk of hypoglycaemia in the labour ward, HDU, and postnatal ward must be completed for all 'at risk' babies.

WHO growth chart Centiles (2009)

2nd Centile for Gestation

GA	MALE	FEMALE
35	1700	1600
36	1900	1800