

Breastfeeding the vulnerable newborn

Appendix 2 – Management Flow Chart

Weight < 2.5kgs at birth or any time postnatally
< 37 completed weeks gestation at birth
At risk of hypoglycaemia

Small for Gestational Age
Jaundice
Congenital Abnormalities

Management – Birth to 48 hours

- Immediate, uninterrupted, frequent skin to skin contact
- Vital signs within 1 hour then 4 hourly ac for 24 hours
- BF within 1hr of birth then at least 8-10 times/24hrs
- Assess at least 1 full BF each shift
- Monitor for hypoglycaemia & jaundice
- Consider LC referral

Indications for Paediatric Review

- Observations outside normal limits.
- Temperature < 36.5 despite 2 hours skin to skin contact.
- Hypoglycaemia or Jaundice
- Not completing minimum top-ups.
- Weight loss >10%

Assessment each shift 0-48 hrs

- BF within 1hr of birth then at least 8-10 times/24hrs
- BF >10mins effectively at most feeds
- Able to maintain attachment throughout most feeds
- Nutritive sucking pattern with some swallowing
- No signs of dehydration – output adequate for age

No to ANY

Yes to ALL

- Offer demand BF ensure at least 8-10 times in 24hrs.
- Assist with positioning and attachment.
- Consider topping up each feed - <24hrs 5-10mls, 24- 48 hrs 10-20mls or as indicated to maintain hydration
- Top up via finger feed or cup
- Express after each BF attempt. Double pump on 'initiate' program 15mins then hand express to collect EBM.
- Reconsider management each shift based on assessment above
- Consider LC referral and allied health referral (see guideline pt. 4.2.6)

- Offer Demand BF at least 8-10/24hrs.
- Express and give available EBM top ups after any BF < 10 mins of effective sucking. See appendix 3 for suggested mode of expressing
- Reconsider management each shift based on assessment above

Assessment at 48 hrs

- BF at least 8-10 times/24hrs
- BF >10mins effectively at each feed
- Able to maintain attachment throughout feed
- Nutritive sucking pattern with increasing swallowing
- No signs dehydration – output adequate for age
- Current Weight >2.5kgs
- Weight loss less than 7-10% and ≤ 75th percentile on NEWT

No to ANY

Yes to ALL

- Written feeding plan
- Referral to Lactation Consultant (LC)
- Paediatric review if >10% weight loss.
- BF on demand at least 8-10 times in 24 hrs
- Top up via Finger Feed/Cup -20-30mls or as indicated for hydration and weight loss
- Express after each BF attempt as above
- Delay discharge until 1 weight gain ≥ 20gms /24 hours
- Consider allied health referral (see guideline point 4.2.6)

- Discharge home
- Written discharge feeding plan
- Continue demand BF at least 8-10 times/24hrs
- Next day Domcare visit and weigh
- Continue close follow up as per guideline section 4.1
- Consider BF clinic follow up within 1 week