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

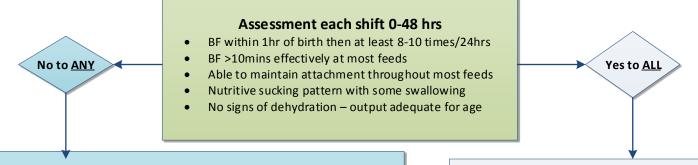
Small for Gestational Age Jaundice Congenital Abnormalities

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 <u>1 full</u> 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%



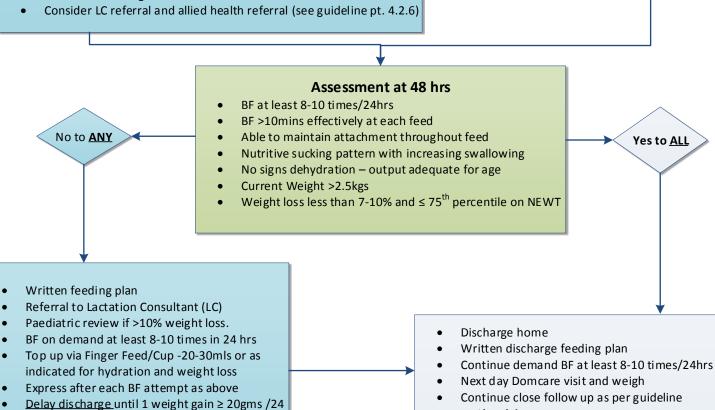
- Offer demand BF ensure at least 8-10 times in 24hrs.
- Assist with positioning and attachment.

Consider allied health referral (see guideline

point 4.2.6)

- 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

- 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



section 4.1

Consider BF clinic follow up within 1 week

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