

## CPG0193 Appendix 1. Introducing, assessing and topping up breastfeeds for preterm babies

- Give frequent skin to skin and breast contact from birth and allow baby to lick milk from the breast.
- Offer breastfeeds when baby shows interest and is in the quiet alert state.
- Initial feeds may be brief and sucking efforts may vary from feed to feed.
- There may be short periods of sucking and long pauses between sucking bursts.
- Progress will differ depending on the baby's age, weight and medical needs.
- Avoid the use of bottles and teats while the baby is learning to breastfeed.
- If baby becomes upset while feeding, pause and give skin-to-skin contact.
- Nasogastric tube feeds can be given while baby is having breast contact.
- Good positioning and attachment are important when learning to breastfeed.

### Semi- demand cue-based breastfeeding guide

*When baby is ready to progress from **strict**  
3 hourly feeds*

- Allow baby to semi-demand feed but ensure at least 8 feeds per 24 hours - use white board to track 8 feeds each 24 hours.
- Allow unrestricted, baby - led, cue - based, cluster feeding while mother is present.
- Offer rooming - in for mother if possible.
- Allow one 4 hour gap overnight if baby has fed well during day and there are no concerns about weight gains and output.
- **Assess breastfeeding** and offer top-ups if needed as per top up guide.
- Return to 3 hourly feeds if:
  - output is inadequate
  - weight gain is <10gms/kg/day on 2 occasions
  - baby is not waking for at least 8 feeds/24 hours
  - baby is tiring and not able to complete feeds



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## A guide to top up feeds for preterm babies

**This guide is used to assess a breastfeed and the need for a top up, assuming the mother's breastmilk supply is adequate (>500ml expressed milk / 24 hours after day 4)**

**At each feed document the letter and number code that best describes the feed**

**A – Mother unassisted B- Nurse/midwife assisted**

Code	Breastfeeding Attempt	Action
1	<ul style="list-style-type: none"> <li>Signs of readiness to feed not shown, sleepy baby.</li> </ul>	Kangaroo Care. Full nasogastric feed
2	<ul style="list-style-type: none"> <li>Showing signs of readiness to feed - licking, nuzzling, restless.</li> <li>Unable to achieve deep attachment and/or rhythmic sucking.</li> </ul>	
3	<ul style="list-style-type: none"> <li>Showing signs of readiness to feed.</li> <li>Deep attachment but difficult to maintain.</li> <li>Less than 5 minutes rhythmic sucking</li> <li>Swallowing infrequent or not heard.</li> <li>Breast fullness unchanged following feed.</li> </ul>	
4	<ul style="list-style-type: none"> <li>Showing signs of readiness to feed.</li> <li>Deep attachment maintained for most of the feed</li> <li>5 -10 minutes rhythmic sucking, frequent swallowing <u>or</u> more than 10mins intermittent bursts of rhythmic sucking with occasional swallowing.</li> <li>Milk supply is adequate (e.g. &gt;500ml EBM/24 hours)</li> <li>Breast somewhat softer following feed.</li> </ul>	Half feed top-up. e.g. if 3 hourly quota is 40ml, give 20ml).
5	<ul style="list-style-type: none"> <li>Showing signs of readiness to feed.</li> <li>Deep attachment maintained for most of the feed.</li> <li>Greater than 10 minutes rhythmic sucking, frequent swallowing.</li> <li>Milk supply is adequate (e.g. &gt;500ml EBM/24 hours.</li> <li>Breast significantly softer following feed.</li> </ul>	No top-up needed.