Care of the Small for Gestational Age (SGA) Newborn MATY158	
Type: Guideline	**HDSS Certification Standard** [optional]
Issued by: Hutt Valley Maternity PPG Group	**Version: 1.0**
Applicable to: Hutt Valley District only	**Contact person:** Clinical Midwifery Manager
Document Owner: Lactation Consultant	**Senior Document Owner:** Director of Midwifery
Lead District: Hutt Valley	

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose:

The purpose of this guideline is to ensure the safe care of SGA babies on the maternity ward. Early and frequent feeding is initiated to reduce the risk of hypoglycaemia, jaundice and hypothermia in these babies. There is a wide variation in ability to feed. They have lower energy reserves and may stop breastfeeding before they have taken adequate nutrition. They may also not wake for feeds as polycythaemia can make them sluggish. They may have a higher energy requirement and lower glycogen stores so need frequent and effective food intake.

Scope:

For the purposes of this document, staff will refer to:

All staff within Te Whatu Ora Health New Zealand Capital, Coast and Hutt Valley. This includes staff not working in direct contact with patients/consumers. Staff are taken to include anyone engaged in working for Hutt hospital. This may include but is not limited to:

- Employees irrespective of their length of service
- Agency workers
- Self-employed workers
- Volunteers
- Consultants
- Third party service providers, and any other individual or suppliers working in Hutt Maternity, including Lead Maternity Carers, personnel affiliated with third parties, contractors, temporary workers and volunteers
- Students

Abbreviations and Definitions:

SGA Small for Gestational Age

Polycythaemia a high concentration of red blood cells in the blood

Definition A baby born with birthweight of less than the 10th percentile on their customised birth centile chart. Click here for GROW Centile chart

Incidence:

- Approximately 10% of all newborns are SGA

Risk Factors:

Common problems facing these infants include:

- Hypothermia
- Hypoglycaemia
- Jaundice
- Sepsis
- Establishing independent feeding

Therefore these infants require frequent, regular monitoring of:

- Temperature
- Blood sugar levels
- Feeding attempts until efficient feeding is established
- Weight gain/loss after 48 hours
- Urine output/Bowel motions
- Jaundice

Referrals:

Obstetric Referral Guidelines ('Section 88') considerations:

Code	*Condition*	*Description*	*Referral category*
8016	Intra-uterine growth restriction	Birthweight <5th percentile or asymmetric growth	Consultation
8017	Low Birthweight	Birthweight 2000-2500 grams	Consultation
8018		Birthweight <2000 grams	Transfer

Management:

Temperature control

- Pre-warm linen and surfaces the infant makes contact with to avoid heat loss via conduction
- Ensure birthing rooms are warm, and avoid draughts where possible to avoid heat loss via convection
- A paediatric RMO may be required to attend the birth. See above referral guidelines
- Dry and examine the baby quickly then place baby skin to skin.
- The initial examination should be by the LMC or a Paediatric RMO, who will make a management plan and record this on the "Initial infant examination form" and under Risk Factors on the NOC/NEWS chart.
- Take the axillary temperature within an hour of birth, and then 3 hourly pre-feeds until maintained at or above 36.6 C for 24 hours. Encourage skin-to-skin contact for periods of **at least** 60 minutes, preferably longer.
- When not in skin-to-skin contact baby needs to be dressed in woollen garments.

Feeding

- Offer the first feed within an hour of birth, following baby's feeding cues if present. If baby does not latch and feed well give all expressed breast milk and/or donor milk/formula supplement at a medical indicated volume for that age/size baby
- Discuss use of Donor human milk with parents, offer written and verbal information and obtain written informed consent prior to use. See MATY155 Unpasteurised Donor Milk Policy.
- These babies are at risk of hypoglycaemia, so follow the protocol in MATY104 Neonatal Hypoglycaemia Guideline Click here
- Feed 3 hourly, or sooner if baby shows feeding cues
- Place Feeding Alert magnet on allocation board and refer to Lactation Consultant where available.
- Each feeding attempt must be observed until efficient feeding is established. Pay particular attention to respiratory difficulties such as cyanosis or increased work of breathing during feeding. Inform parents/whānau of the need to wake baby for feeds
- Encourage the parents/whānau to use the infant feeding chart
- Give parents/whānau a copy of the Feeding Careplan for these infants after adapting it to their individual needs if required. Click here
- Clear documentation of the plan to ensure the family and the on-coming staff understand the plan.

- Show and teach the family how to hand express. Advise them to express after each feed until the baby is transferring milk adequately, and the milk supply is sufficient to meet baby's needs
- If supplementation is required, always prioritise the parent's own expressed milk, then donor human milk before formula. Offer supplements via tube to breast/chest if the baby is able to latch at the breast. If unable to latch, a syringe, cup, finger feed or spoon may be used.
- Score feeding behaviours appropriately on the NOC/NEWS chart
- Discuss with Lactation Consultant at the earliest opportunity

Step	Action
1	Temperature Control
2	Prevention of Hypoglycaemia
3	Feeding

⚠ Contact Paediatrician if any parameters fall outside of normal observations on NOC/NEWS chart

⚠ Babies >2.3kg and well may stay on ward with parent after review by Paediatrician

Follow-up/Aftercare:

- Babies should be weighed at 48 hours and care plan adjusted accordingly

References:

Breastfeeding and the use of human milk.(2012) American Academy of Paediatrics Policy Statement. *Paediatrics*, volume 129.

CCDHB Policy: Management of babies 35-37 week's gestation or 2.0 – 2.5 kg on the postnatal ward. GA PN-04

Carducci B, Bhatta A. (2018). Care of Growth Restricted Newborn. *Best Prac Res Clin Obst/Gyn*. May; 49.

Hypoglycaemia of the Newborn. (1997) WHO Report.

Related Documents:

- Infant feeding 24 hour chart MATF092
- Feeding Careplan – Small for Gestational Age MATF163

- Lactation Services Assessment Form MATF014A
- Referral to Lactation Services MATF014B
- Neonatal Hypoglycaemia Guideline MATY104
- Unpasteurised Donor Milk Policy MATY155
- Information Sheet for Guardians MATPI155
- Donor Milk Recipient Consent Form MATF155
- NOC/NEWS Newborn Observation Chart

Keywords for searching:

1. SGA
2. Newborn
3. Postnatal Care
4. MATY158

Informed Consent:

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that an individual can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

Tangata Whenua Statement:

The Women's Health Service recognises the rights and responsibilities of Māori as tangata whenua and Treaty Partners. This allows and acknowledges the importance of cultural diversity in all aspects of our care and practice in Aotearoa New Zealand.

As stated in Te Pae Amorangi (Hutt Valley Māori Health Strategy) 2018-2027, Te Whatu Ora Capital, Coast and Hutt Valley as a Crown agency is committed to our role in maintaining active relationships with iwi, under Te Tiriti o Waitangi. This strategy recognises the established principles of Partnership, Participation and Protection and recognises steps towards the reviewed interpretation of Te Tiriti principles to date (from the Wai 2575 claim into health). These are tino rangatiratanga, equity, active protection, partnership and options.

Attention in particular is drawn to:

- Article one – Kāwanatanga: actively engaging and working alongside with local iwi through the Hutt Valley Māori Health Unit
- Article two – Tino Rangatiratanga: Self-autonomy, self-determination; the responsibility to enable Māori to exercise their authority over their own health, determinants and definition of health

- Article three – Ōritetanga: equal health outcomes of peoples; ensuring that policy, guidelines or programmes do not further perpetuate any inequity
- Article four (the 'oral clause') – Wairuatanga: spirituality; thriving as Māori and the importance of health providers understanding health in te ao Māori (the Māori world), acknowledging the interconnectedness and inter-relationship of all living and non-living things.

Appendix 1 – Example Feeding Careplan – Small for Gestational Age MATF163

Te Whatu Ora
Health New Zealand
Capital, Coast and Hutt Valley

Surname: ..... NHI: .....
First Names: .....
Date of Birth: ...../...../..... Sex: .....
PLACE PATIENT ID HERE

FEEDING CAREPLAN - SMALL FOR GESTATIONAL AGE
(MATF163) ***ORIGINAL INTO BABY'S NOTES***

REFERRAL DETAILS					
Date		Time		Referred by	
CONCERN					
SGA (< 10th centile on GROW). Inpatient in postnatal ward.			**Birthweight**		**Centile**
CONSULTATION					
☐ Midwife	☐ Nurse		☐ Paediatric staff		
☐ Lactation Consultant	☐ LMC				

PLAN	
1	Skin to skin contact with baby **for at least** 60 minutes at a time, but preferably longer.
2	Pre-feed Blood Sugar Levels (BSL) and temperature until stable (as per Neonatal Hypoglycaemia Guideline MATY104). Document BSL and temperatures on NOC/NEWS Chart scoring as "Exemption".
3	Offer first feed within one hour of birth, then feed baby 3 hourly or sooner if baby shows interest (feeding cues). Midwife/Nurse or Lactation Consultant to observe feeds until baby is feeding efficiently. Even if feed is effective **(suck code 5-6)** offer top-ups of any expressed milk available. If feed is not effective **(< suck code 5)** offer expressed milk/donor human milk/formula at a full volume medically indicated for baby's size and age. See volume chart for medical indications. Give top up via cup, syringe or tube to breast/chest.
4	Commence the Infant Feeding Chart MATF092. Continue skin to skin.
5	Express after feeds to increase milk supply Massage breasts • Hand express to collect as much as possible • Express using electric pump for stimulation **after** hand expressing • Double pump for 10 minutes for stimulation
6	First weigh at approximately 48 hours of age then daily weighs while inpatient.
7	Refer to Paediatrician if parameters are not in normal range. Refer to NOC/NEWS escalation pathway.
8	Daily review of careplan.

FOLLOW UP ASSESSMENT			
Date		☐ Continue plan	☐ Plan changed (see below)
Reason:			
DISCHARGE PLAN			

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V.1.0 Issued June 2022 / Review Date June 2027