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## Management of Healthy Term Non Latching Baby Policy

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**

Care of a healthy term baby who is not feeding effectively.

### **Scope**

To all medical, midwifery and nursing staff employed by the Surgical, Women's and Children's Directorate, and other practitioners holding an access agreement.

### **Aims**

- To establish and maintain feeding
- To avoid unnecessary supplementation
- To establish and maintain the mother's breast milk supply.

### **Reasons for poor feeding may be:**

- Early separation
- Intrapartum medication
- Instrumental delivery/birth trauma
- Maternal flat or inverted nipples
- Tongue tie
- Mucosy baby

### **Feeding Plan**

#### **From 0 – 24 hours old**

- Initiate and maintain skin to skin contact with the mother
- Teach the mother early feeding cues and ensure she knows to facilitate feeding immediately baby shows these cues
- Regular head to toe assessment of baby, ruling out any signs for concern (referral to Paediatrics if any concerns)
- If baby's condition is satisfactory, be patient and reassure mother
- Hand express breast milk early after birth and regularly, at least 2- 3 hourly during the day and 4 hourly overnight. Instruct the mother on how to do this. Use breast massage for extra stimulation
- Use a syringe, spoon or cup to trickle the breast milk into baby's mouth

- Document input and output on feeding chart and show mother how to use it
- Commence '*Breastfeeding Plan for Non Latching healthy term baby*'
- Place purple "Breastfeeding Alert" magnet on Allocation board so that staff can identify and prioritise care to these mothers and babies

#### **From 24 – 48 hours old**

- Continue skin to skin
- Continue regular observations of vital signs and for signs of hypoglycaemia
- Attempt to rouse and get baby breastfed every 2- 3 hours. If unsuccessful: **Feed the baby**
- Average breast milk volume taken during the second day is 5 – 15 mls per feed
- Cup or spoon feed baby
- Continue regular hand expressing and pumping at least 8 times in 24 hours
- Refer mother to Lactation Consultant for review depending on the reason for non-latching.
- Update Care Plan

#### **From 48 – 72 hours old**

- Continue
- Breast milk volume will be increasing skin to skin. Day 3 amounts vary between 15 – 30 mls per feed
- Consider weighing baby

#### **After 72 hours**

- Continue skin to skin
- Volumes are 30 – 60mls per feed on day 3
- Offer follow up in Lactation Outpatient Clinic

### **Documentation**

#### **Ongoing documentation includes:**

- Breastfeeding Care Plan
- Feeding Chart
- Progress notes for mother and baby

### **References**

Academy of Breastfeeding Medicine Clinical Protocol #3: Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate. Revision, 2017. *Breastfeeding Medicine*

Academy of Breastfeeding Medicine Clinical Protocol #5: Peripartum Breastfeeding Management for the Healthy Mother and Infant at term. Revision, Dec 2013. *Breastfeeding Medicine*, 3(2) pp 129-132

Evans KC, Evans RG, royal R, Esterman AJ, James SL. Effect of caesarean section. *Arch. Dis. Child Fetal Neonatal* Ed 2003; 88(5):F380-2

Lawrence, R.A. & Lawrence, R.M. (2011) *Breastfeeding: a guide for the medical profession*. 7<sup>th</sup> ed Elsevier Saunders.

Walkers M. (2012) *Breastfeeding Management for the clinician using the reference*. Janes and Barlett

### **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 a woman 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).

## **Appendices**

### **Appendix 1: Breastfeeding Management Plan: Healthy Term Non Latching Baby**

#### **Breastfeeding Plan for Non Latching healthy term baby**

(To be completed and one copy filed in mother's notes and one copy given to mother)

<b>Date</b>	
	<b>Consultation:</b> Midwife/Nurse/Lactation Consultant/LMC/Paediatrician
	<b>Reason:</b>
	<b>Plan:</b> <ol style="list-style-type: none"><li>1. Skin to skin contact with baby for as long as possible (minimum of one hour)</li><li>2. Regular head to toe assessment of baby, ruling out any signs for concern (referral to Paediatrics if any concerns)</li><li>3. Offer a breastfeed whenever baby seems interested if baby or mother becomes stressed stop breastfeeding attempt give all expressed breast milk obtained to baby via syringe or cup. Following the first 24 hours ensure baby is getting physiological volumes of milk required (see Policy for Non Latching Baby)</li><li>4. Express after feeds, ideally 2 hourly during the day and 4 hourly at night<ul style="list-style-type: none"><li>- Massage breasts thoroughly</li><li>- Hand express to collect as much colostrum as possible</li><li>- Express using double electric pump for 10 mins stimulation after hand expressing</li></ul></li><li>5. Documentation on feeding chart</li></ol>