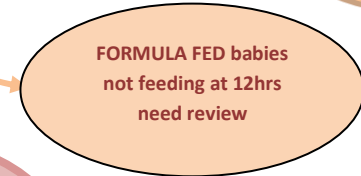
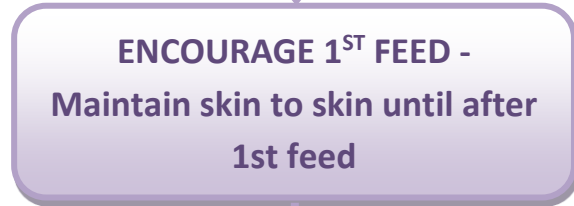
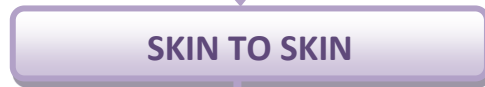
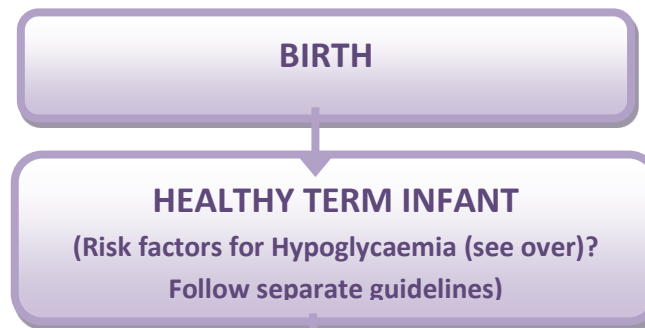


Management of newborn feeding in the first 48 hours (including management of babies who are reluctant to feed)



YES

NO



* Commence Volumes 10ml/kg/feed, volumes should increase daily or sooner if clinically indicated. Discuss responsive and paced bottle feeding and continued skin to skin contact.

The flow chart is for the use of management of feeding in **healthy term babies**. It is designed to be used as a tool to ensure babies remain well while learning to breastfeed and to ensure mothers initiate a good milk supply. **Midwife at delivery must assess at birth if baby requires to be on the hypoglycaemia protocol** (hypoglycaemia protocol [LINK TO FIRSTPORT](#)) Always ensure baby is well through consistent monitoring of vital signs and wellbeing, nappy output and consider weight. Breastfed babies can access ketone bodies as an alternate fuel source while feeding is being established. **REMEMBER** Poor feeding can be a sign of an ill baby- Refer if in any doubt. If a baby shows any signs of hypoglycaemia refer for urgent paediatric review.

Risk Factors for Hypoglycaemia

- Prematurity - Less than 37 weeks gestation,
- Maternal diabetes – insulin dependent and gestational diabetes
- Infants of mothers taking Beta blockers in the 72 hours before delivery.
- Intrauterine growth restriction <2nd centile for sex and gestation,
- Macrosomic babies* >98th centile
- Severe illness
- Sepsis
- Hypoxia – prolonged resuscitation (> 10 minutes) or with a cord pH <7.1 and/or BE > -12
- Hypothermia Temperature ≤36.50C on 2 occasions
- Rhesus haemolytic disease

Signs and Symptoms of Hypoglycaemia

- Hypotonia
- Lethargy (excessive sleepiness with or without abnormal tone)
- Poor feeding
- Hypothermia
- Apnoea
- Irritability
- Pallor
- Tachypnoea
- Tachycardia or bradycardia
- Seizures
- Abnormal feeding behaviour

Monitor well being at least 4 hourly, Check;

- Any Maternal concerns
- Colour
- Tone
- Respirations
- Temperature
- Alertness
- Number and consistency of wet and dirty nappies
- Risk for sepsis

Green-All going well

Low risk, routine postnatal care

Encourage lots of skin to skin with mum and responsive feeding

Effective breastfeeding assessments monitor wet and dirty nappies

Amber-requiring support

Be alert, baby requires careful observation and support with feeding. Encourage mum to hand express to stimulate supply, reassure parents that baby can access alternate fuel sources. Any deviation from norm consider paediatric review.

Red-plan required

Be alert, baby not attaching and feeding at the breast - at risk of compromise, requires proactive management and paediatric review

Formula Fed babies not feeding effectively or adequate volumes at 12 hours old require review.