### Breastfeeding challenges: The vulnerable baby

(Previously called ‘Breastfeeding challenges: Preterm, late preterm, low birth weight or small for gestational age baby’)

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>WNHS midwifery staff</th>
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<td>Scope (Area):</td>
<td>Obstetrics and Gynaecology Directorate clinical areas at KEMH, OPH and home visiting (e.g. Visiting Midwifery Services, Community Midwifery Program and Midwifery Group Practice)</td>
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**Background**

Whilst breastfeeding is a normal physiological process for healthy term babies, there is increasing evidence that mother and baby dyads that include babies born at less than 39 weeks gestation, will require increased observation and breastfeeding support.

**Also refer to Newborn Observation and Response Chart (NORC) ‘Risk Assessment’** to identify other infants who may have factors requiring increased surveillance and feeding support.

**Key points**

1. The babies identified above are at increased risk of ineffective breastfeeding as their subtle immaturity is often unrecognised. This may lead to the development of hypothermia, hypoglycaemia, dehydration, hyperbilirubinaemia and excessive weight loss.
2. When admitted to the postnatal ward these babies will be in good condition and have adapted to the extra uterine environment.
3. These babies are deceptively vigorous at the breast, but often suck poorly, leading to ineffective breast stimulation and milk transfer.
4. Increased breast stimulation from birth by hand expressing and subsequently with an electric breast pump will stimulate the mother’s milk supply.
5. Midwife to provide and discuss ‘Your vulnerable baby’ pamphlet to parents to ensure they understand their baby’s needs.
Management

1. Keeping baby skin to skin and facilitating an early feed, within 60 minutes of birth is recommended.
2. Guide the mother to hand express after the breastfeed/attempted breastfeed and give colostrum to the baby.
3. Mother to continue to breastfeed, followed by expressing (hand and electric breast pump) each feed.
4. Discuss the frequency of feeding with the baby’s mother (8 feeds in 24 hrs) and ensure she recognises her baby’s cues to feed. Document the baby’s feeds, urinary output and bowel actions. Less than two bowel actions a day after 24-48 hours may be the first indicator of poor feeding.
5. Offer both breasts each feed with breast compression to aid nutritive sucking. It is important to limit the time at the breast as these infants often tire easily and suck ineffectively. The majority of these babies’ are unable to drain the breast adequately once the milk is in.
6. Commence expressing after feeds, hand expressing followed by electric breast pump.
7. Give all available expressed breast milk (EBM) to baby, some of these babies may require formula if medically indicated.
8. Babies who are born at less than 37 weeks gestation and/or weigh less than 2500g should be weighed daily pre feed Discuss discharge plans with the Paediatric Consultant and Senior Midwife prior to discharge. Criteria for discharge should be discussed with the Paediatric Consultant.

Discharge planning

1. Written breastfeeding / feeding plan given to the mother including continued regular expressing and EBM supplementation until the baby is able to feed effectively at the breast and is consistently gaining weight. (25-30gm per day).
2. Referral to Visiting Midwifery Service (VMS) / Midwifery Group Practice/Community Midwifery Program, who will update the plan as necessary.
3. Breast pump loan arranged. If mother not in the VMS area, discuss resources for hiring an electric breast pump e.g. websites to access breast pumps in the community. The mother requires a pump to establish and protect her milk supply.
4. Referral to Special Child Health Nurse if preterm, low birth weight or small for gestational age (SGA)- see section in Stork for other referral suggestions.
5. Discuss community and breastfeeding supports. Provide contact details of Breastfeeding Centre of WA for mother to access ongoing support.
# References

**REFERENCES**

Academy of Breastfeeding Medicine. ABM Clinical Protocol #10: Breastfeeding the late preterm infant (34\(^{0}/\)7 to 36\(^{6}/\)7 weeks gestation). 2016.


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