Aims

- To avoid undetected illness for the baby
- To avoid hypernatraemic dehydration related to delay in onset of lactation
- To minimise further weight loss
- To implement strategies which will result in optimal maternal milk supply and the baby gaining weight appropriately

Procedure

In hospital

1. Review by an experienced midwife to assess positioning, attachment, suck, swallow, oral anatomy and feeding.
2. Review by paediatric resident, registrar or consultant to exclude any medical conditions.
3. Commence variance sheet MR 425.06
4. Advise the mother to breastfeed baby at least 8 times in 24 hours by offering a breast feed - both breasts - every 3 hours (for a shortened increment of time as the mother needs to express and top up as well)
5. Express breasts post feed using both hand and electric breast pump. Double pump until the milk flow slows/ stops, then single pump each breast using breast compression to assist letdown.
6. Initiate expressed breast milk (EBM) supplementation following each feed. Discuss with the mother to the options of how to give the EBM supplemental feed i.e. finger feed or bottle.
Breastfeeding challenge:
Weight loss >10% of birth weight

7. Weigh the baby daily- 24 hrs apart. (expected gain 30 gm)
8. Review by Paediatric Consultant, Lactation Consultant/experienced midwife to assess the mother's lactation and feeding plan every 24 hours:
   - Until the baby has gained at least 30g on two consecutive days and
   - Weight loss is no longer >10% of birth weight
9. Formula supplementation may also be required following medical review or the mother may request formula to be given.

**Discharge planning**

1. Mother to continue the MR425.06 ‘Infant Weight loss beyond 10% of Birth Weight’
2. Arrange a hospital grade electric breast pump loan
3. Follow-up with the Visiting Midwifery Service (VMS), Midwifery Group Practice (MGP) midwife or Community Midwifery Program (CMP) midwife as appropriate
4. Refer mother to the Breastfeeding Centre (BFC)

**Home visits (VMS/MGP/CMP)**

1. Midwife to commence variance sheet MR425.06
2. Visiting midwife reports >10% weight loss to paediatric consultant on call for birth suite/ SCN 2 via switchboard during daytime hours. After hours and weekends, midwife to page SCN 2 Senior Registrar on page 3377 including vital signs, hydration, colour, activity and oral anatomy examination
3. Initiate supplementary feeding with expressed breast milk (EBM) at each feed. Formula may be medically indicated if there is insufficient EBM; visiting midwife needs to obtain consent and the medical request/reason be documented. Mother may also request formula be given.
4. Progress and improve breast milk supply by hand and electric breast pump, expressing after all breastfeeds
5. Refer the woman to the BFC.
6. Arrange electric breast pump loan via the BFC or hire in the community if BFC have none available.
7. Continue to review the weight until there are 2 consecutive weight gains of 30g per day or more and weight is not >10% less than the birth weight.
Breastfeeding challenge:
Weight loss >10% of birth weight

## References

### Bibliography


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This March 2021 version supersedes the July 2016 version.  
For a list of changes - see OGD Guideline Updates by month/year of review date

### NSQHS Standards (v2) applicable:
- ☑ 1: Clinical Governance  
- ☑ 2: Partnering with Consumers  
- ☐ 3: Preventing and Controlling Healthcare Associated Infection  
- ☑ 4: Medication Safety  
- ☑ 5: Comprehensive Care (inc ☑)  
- ☐ 6: Communicating for Safety (inc ☑)  
- ☐ 7: Blood Management  
- ☐ 8: Recognising and Responding to Acute Deterioration

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