

<p>SUBJECT/TITLE:</p> <p><b>BREASTFEEDING: Well Newborn Not Effectively Breastfeeding in the First 48 Hours of Life</b></p>	<p>NUMBER</p> <p><b>1-B-2</b></p>	<p>PAGE</p> <p>1 of 4</p>
<p>AUTHORIZATION:</p> <p>Regional Lactation Consultants (2006 Mar 15)          POPA: Postpartum Managers and Instructors (2006 May 9)          Normal Newborn Care Committee (2006 May 19)          Regional Neonatal Care Committee (2006 May 24)          Women's and Infant Health Managers (2006 June 13)</p>	<p>DATE ESTABLISHED</p> <p>June 1, 1999</p>	<p>DATE REVISED</p> <p>June 27, 2006</p>

## PURPOSE

- To provide guidelines to assist families establish, maintain and/or return to breastfeeding.
- To promote practices that will maintain lactation when the newborn is not fully breastfeeding.

## POLICY

- Calgary Health Region supports the 2004 Health Canada, Canadian Pediatric Society, UNICEF and WHO recommendation:
  - "Exclusive breastfeeding is recommended for the first six months of life for healthy term newborns as breast milk is the best food for optimal growth. Newborns should be introduced to nutrient-rich solid foods with particular attention to iron at six months with continued breastfeeding for up to two years and beyond." (Health Canada 2004)
- Families are provided with evidence-based information about the benefits and management of breastfeeding and also information when there is a medical necessity for alternate or supplementary feeding.
- Mothers whose babies are not fully breastfeeding will be taught how to manually express and/or use a breast pump as appropriate to facilitate lactation and provide expressed colostrum/breastmilk (EBM) to their Newborns.

## POINTS OF EMPHASIS

1. Low volume colostrum feedings in the first 48 hours are appropriate for the size of the newborn's stomach and are sufficient to prevent hypoglycemia in the healthy term appropriate for gestational age newborn.
2. Most breastfed newborn will not require supplementary feedings.
3. Manual expression is the preferred method over electric pumping in the 1<sup>st</sup> 24 hours.<sup>25,29</sup>
4. Supplementation with commercially prepared infant formula interferes with the establishment of breastfeeding.<sup>15</sup>
5. Assessing the benefit vs the risk to the well being of the newborn is included when determining the need for commercially prepared infant formula.
6. Supplementation is **NOT** indicated for the following when the newborn is able to breastfeed:
  - To quiet a fussing newborn/newborn when mother is available
  - To let the mother sleep or rest
  - To prevent weight loss/dehydration

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- To prevent hyperbilirubinemia in normal Newborn without major risk factors
  - To prevent hypoglycemia when there are no identified medical risks
  - To prevent sore nipples
  - To teach an Newborn to take a bottle "for later"
7. When parent(s) requests supplemental commercially prepared infant formula:
- Explore reasons for requesting supplementation.
  - Provide evidence based information.
  - Support the mother's informed decision.
  - Reinforce that breastfeeding support is available.
  - Teach appropriate manual expression and/or pumping to prevent engorgement and to protect breast milk supply.

### Clinical Practice Guidelines

1. Assess mother's/family's newborn feeding knowledge.
2. Provide anticipatory guidance, information and support to all breastfeeding families (refer to 1-F-2 Infant Feeding Assessment clinical practice guidelines).
3. Assist families to initiate breastfeeding:
  - Encourage (KangarooMotherCare™) for as much time as possible,
  - Teach readiness cues, waking newborn, position, latch, as identified by assessment.
  - Assess feeding effectiveness and teach families to assess feeding effectiveness.
4. When newborns do not spontaneously latch and breastfeed early and frequently (4-6 times in the first 24 hours and increasing to 8-12 feeds by 48 hrs) after birth and do not have other medical indicators for supplementation, Health Care Provider will:
  - Perform ongoing assessments of newborn for readiness to feed cues, physiologic stability (temperature, colour, tone, respiratory rate and effort) signs of hypoglycemia or sepsis and signs of pain/stress until newborn is breastfeeding or receiving adequate amounts of expressed colostrum.
  - Teach and encourage manual expression so mother can provide small, frequent feeds of colostrum until newborn is breastfeeding effectively.

**NOTE: First 24 hours of age** an adequate intake for well, full term newborns is 2-10 mL of colostrum per feed or a 24 hr intake over 10 mL. (Average first 24 hour breastfeeding intake of a newborn is 37mL.)<sup>25</sup>

- Teach families to recognize and feed to newborn feeding and satiation cues. As volumes of breastmilk increase the newborn is the best guide for feeding intake.
5. If the newborn does is not either breastfeed effectively or receive reassuring amounts of colostrum (as stated in #4.) in any 12 hour period while in acute care, obtain a POCT blood glucose level. Blood glucose value is to be  $\geq 2.6$  mmol/L.

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6. Blood glucose is  $\geq 2.6$  mmol/L, continue with steps in guideline 4 above, until 24 hours or at any time medical indicators for supplementation present.
7. If Blood glucose is below 2.6 mmol/L newborn requires feeding at the breast, EBM or commercially prepared infant formula (refer to Glucose (Blood) Monitoring and Feeding of the Term Newborn at Risk for Hypoglycemia 4-G-1 for continued assessment and feeding guidelines).
8. **24 – 48 hours of age:** 5 – 15 mLs per feed (total volume over 60mL)<sup>25</sup> is adequate EBM intake.
9. If by 24 hours of age the newborn is not yet breastfeeding effectively or adequate volumes of EBM per feed are not available, additional supplementation is required.
10. If at any time there are medical indications for supplementation with commercially prepared infant formula, discuss the need for supplementation and the method with the family. (Refer to Breastfeeding Infant – Supplementation for the Well Infant, Policy 1-B-3).

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### CROSS REFERENCES

<u>Subject/Title</u>	<u>Number</u>	<u>Manual</u>
• <a href="#">Admission (Newborn) and Physician Notification of Birth</a>	4-A-1	} <i>Women's &amp; Infant Health Policy Manual</i>
• <a href="#">Admission to Postpartum Unit and Care of Mother Following Vaginal Birth</a>	3-A-3	
• <a href="#">Admission to Postpartum Unit and Care of Mother Following Cesarean Birth</a>	3-A-4	
• <a href="#">Breastfeeding Infant – Supplementation for the Well Infant</a>	1-B-3	
• <a href="#">Breastfeeding Support</a>	3-B-2	
• <a href="#">Daily Care and Assessment of the Newborn</a>	4-D-3	
• <a href="#">Discharge: Postpartum Mothers and Newborns From Hospital</a>	4-D-2	
• <a href="#">Glucose (Blood) Monitoring and Feeding of the Term Newborn Newborn at Risk for Hypoglycemia</a>	4-G-1	
• <a href="#">Infant Feeding Assessment Policy</a>	1-F-1	
• <a href="#">Infant Feeding Assessment Clinical Practice Guidelines</a>	1-F-2	
• From Here Through Maternity		