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Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Management of Newborn Weight Loss in Healthy Babies

Initiated By	Cwm Taf Morgannwg University Health Board Obstetrics and Gynaecology Directorate
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CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
1	Ratified April 2023	Carol Jones, Infant feeding coordinator	New guidance

AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author	Carol Jones	Ratification Date	April 2023
Job Title	Infant feeding coordinator	Review Date	April 2026

Disclaimer

When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on WISDOM

PRINTED DOCUMENTS MUST NOT BE RELIED ON

Contents

Equality Impact Assessment Statement

This Procedure has been subject to a full equality assessment and no impact has been identified.

Related Guidelines

- Infant Feeding Policy and Guideline: Maternity / Neonatal Services
- Reluctant Feeding Guideline
- Guideline for Alternative Feeding Methods in the Full Term Breastfed Infant
- Guidelines for the Safe Management of Expressed Breastmilk.
- Jaundice Guideline
- Hypoglycaemia Guideline

Training Implications

All appropriate staff who care for mothers and babies will be orientated to this guideline as soon as possible after its ratification. Staff should receive disseminated training to enable them to understand how to implement the guideline as appropriate to their role.

The topic of weight loss, including reference to this guideline, should be included in the curriculum of infant feeding education and training for all maternity and neonatal staff, and included in any available orientation sessions for new doctors, at a level appropriate to role.

Purpose

- To ensure appropriate staff are supported in knowing how to provide early identification and assessment of feeding problems linked to weight loss in the baby.

- To help them provide skilled intervention to safeguard breastfeeding and/or the establishment of lactation, and avoid neonatal dehydration.

Key Principles

To proactively manage care to avoid excessive weight loss and neonatal dehydration through careful feeding assessment and planning care. Careful assessment and planning is needed when the weight loss is above **8**% at 72hrs**.** The guidance is underpinned by "Faltering growth: recognition and management of faltering growth in children" NICE guideline [NG75] Published date: September 2017

Identifying Need for this Document

Breastmilk is recommended as the optimal source of nutrition for infants. It contains immune properties that can reduce the risk for morbidity and mortality in neonates.

Research has shown that providing mothers' breastmilk to premature infants can help reduce the incidence of necrotising enterocolitis, reduce infection rates, improve feeding tolerance, and improve neuro-developmental outcomes.

To breastfeed successfully, mothers require accurate and evidence-based information, and face-to-face, ongoing, predictable support which reflects optimum standards.

Communication

- All appropriate staff will have access to a copy of this guidance via usual CTMUHB access for Policies and Guidelines.

- Appropriate staff should aim to work collaboratively across disciplines and departments, including maternity hospital, community and neonatal settings, in order to improve mothers' / parents' experiences of care.

- Audit of clinical processes should be undertaken to ensure ongoing compliance with the standards outlined in this Interim Guideline.

Diagnosis (1) **and Referral** (2) **Weight loss in the early days of life**

Some weight loss in the first days after birth is normal and usually relates to body fluid adjustments. Sometimes there may be reason for concern about weight loss in the early days of life, which may need assessment and intervention.

Be aware that:

- it is common for infants to lose some weight during the early days of life
- this weight loss usually stops after about 3 or 4 days of life
- most infants have returned to their birth weight by 3 weeks of age

Prevention in line with the infant feeding policy

Mothers will be enabled to achieve effective feeding according to their needs (including appropriate support with positioning and attachment, hand expression, understanding signs of effective feeding). This will continue until the mother and baby are feeding confidently.

Before discharge home, or in the first few hours if a home birth, breastfeeding mothers will be given information both verbally and in writing about recognising effective feeding and where to call for additional help if they have any concerns.

A formal feeding assessment will be carried out using feeding assessment tool as often as required in the first week, with a minimum of two assessments to ensure effective feeding and the well-being of mother and baby. This assessment will include a dialogue / discussion with the mother to reinforce what is going well and where necessary develop an appropriate plan of care to address any issues that have been identified.

For those mothers who require additional support for more complex breastfeeding challenges, a referral to the specialist service should be made. Mothers will be informed of this pathway.

Weight measurements in addition to clinical assessment

The Baby is to be weighed at 72 completed hours of age (or as close thereafter as reasonable).

Weight

Health professionals who are involved in measuring infants should be suitably trained or supervised by someone who has been trained. To ensure accuracy of weight recording, babies should be weighed in line with the Department of Health (DoH) and World Health Organisation (WHO) guidance (DoH, 2009; WHO, 2006):

- On a hard surface (not carpet, if using lay on scales)
- The baby should be preferably naked
- To reduce distress the baby can be weighed in a prone position.
- For consistency, wherever possible, the same scales should be used

Digital scales should be serviced annually in line with the medical devices' standards.

Identification of excessive percentage weight loss

In the first two weeks percentage weight loss should be calculated. Weight should then be documented in the appropriate neonatal records, weight loss or gain should be noted and acted upon according.

Percentage weight loss is the difference between the current weight and the weight at birth expressed as a percentage of the birth weight.

Weight loss should be calculated as a percentage using the following formula:

$$\frac{\text{weight loss (g)}}{\text{birth weight (g)}} \times 100 = \text{weight loss (\%)}$$

Weight loss **must** be documented in the baby's health records.
If weight loss **≤ 8%** of birth weight, care should continue using the feeding assessment tool in the postnatal notes to assess whether any additional weight measurements are needed.

Action where weight loss is > 8%

Where the baby's weight loss is **> 8%**, careful history taking, feeding assessment and clinical review should be completed, along with observation of feeding, to create a plan and reweigh the baby in 48 hrs. If the baby is breastfeeding, follow care plan 1 below.

Additional action If infants lose more than 10% of their birth weight in the early days of life, or they have not returned to their birth weight by 3 weeks of age, consider:

- referral to paediatric services **if there is evidence of illness**, marked weight loss, or failure to respond to feeding support which could include supplementation plans.
- when to reassess if not referred to paediatric services.

If an infant loses more than 10% of their birth weight in the early days of life, measure their weight again at 24hrs and at appropriate intervals depending on the level of concern, but no more frequently than daily.

Supplementation

Always use EBM preferentially and ensure support with lactation and expressing if there is evident concern with milk transfer on breastfeeding observation . Be aware that supplementary feeding with infant formula in a breastfed infant may help with weight gain, but often results in cessation of breastfeeding. The guide below suggests quantities of full supplementation when there is minimal milk transfer when breastfeeding. Which can be adjusted to half requirements if baby shows some good sucks and swallows with support and other strategies such as switch feeding and breast compression.

Day Three -90mls kg/day,for full term baby .

Day Four -120mls kg for full term baby

Day Five -150mls kg for full term baby

If supplementation with an infant formula is given to a breastfed infant:

- support the mother to continue breastfeeding
- advise expressing breast milk to promote milk supply **and**
- feed the infant with any available breast milk before giving any infant formula.
- Consider using methods of feeding supportive of breastfeeding e.g. cup, syringe,

Health Visiting Initial Visit

Weight 10-14 days and this will be plotted on the WHO growth chart by the Health Visitor . Midwives should be aware that they can use below thresholds for concern when they are caring for babies beyond 14 days .

Consider using the following as thresholds for concern about faltering growth in infants and children (a centile space being the space between adjacent centile lines on the UK WHO growth charts):

- a fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
- a fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
- a fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
- when current weight is below the 2nd centile for age, whatever the birthweight.

Review, Monitoring and Audit The midwife should complete a Datix on any unexpected baby admission to hospital. Review of the admission should be in compliance with this guideline and direction in Appendix and the Infant Feeding Co-ordinators updated.

CTM Weight Loss Guidelines Breastfeeding Baby

Complete Breastfeeding Assessment Chart and Weigh baby at approximately 72 hours of age. Weight loss of 8% or more triggers further action.

Care plan 1

8%-10% weight loss

Always check

Tone, colour and alertness

Observe a full breastfeed - ensure effective positioning and attachment

Observe for effective suckling pattern i.e. Change in suckling pattern and 1:2 suckles per swallowing

Ensure minimum 8 feeds in 24 hours. Encourage responsive feeding from **both breasts** each feed and **breast compression** to extend feeding time.

Skin contact to encourage breastfeeding

Observe for change in frequency/amount of urine as on breastfeeding assessment form

Observe for frequency of stool as on breastfeeding assessment chart

Reweigh in **48 hrs**. If weight increasing, continue to monitor closely and provide support.
If no weight increase, move to Care Plan 2

Care plan 2

>10%-12% weight loss

Follow Care Plan 1, plus:

Refer to Infant feeding coordinator to develop ongoing plan of care.

Express breast milk after each feed and offer to baby by cup

Refer to GP/Paediatric department if **illness suspected**

Visit next day for ongoing support and clinical observation of baby. Please report findings to IFC

Weigh - 24 hours

If no weight increase move to Care Plan 3.

Care plan 3

>12% weight loss

Follow Care Plan 1 and 2 plus ensure accurate record keeping breastfeeding assessment chart complete /evaluation of feed observation. Consider supplementation if EBM not available.

Where tone colour and activity normal. Stool and urine output normal as on breastfeeding assessment chart.

Contact Infant feeding coordinator for follow up plan specialist appointment.

Refer to for paediatric referral/paediatric review

- **All babies ≥15% weight loss.**
- Lethargic or sleepy taking short feeds
- Jaundice
- At Risk of Hypoglycaemia see guidelines.
- Any other concern ie urine and stool output.

Complete datix unexpected neonatal admission

	<u>On Admission</u> commence NEWTS complete Breastfeeding Assessment and Observation. ***In most cases, weight loss is a result of poor milk transfer*.** Perform a clinical assessment, looking for evidence of dehydration, or of an illness or disorder that might account for the weight loss. Take a detailed history to assess feeding (see NICE's guideline on postnatal care up to 8 weeks after birth). Consider direct observation of feeding ensuring observation of feeding is done by a person with appropriate training and expertise (for example, in relation to breastfeeding and bottle feeding). Perform further investigations only if they are indicated based on the clinical assessment. ***Mum should be supported to reach her breastfeeding goals*** **Breastfeeding** should continue before any supplementation with skilled support and assessment. **Responsively** breastfeed 8-12 times in 24hrs ensuring mum understands feeding cues and support with **Expressing**, using hospital-grade breast pump to maximise supplementation with EBM. **Switch feed with Breast compression** to encouraged to maximise milk transfer
A	**Clinical assessment and / or results suggest clinical dehydration. Baby not interested in feeding / sleeps when goes to the breast. Careful rehydration** for babies that have serum sodium **>150mmol**/litre will be needed. These babies should be rehydrated slowly and **preferably by the enteral route** (Cup, syringe or NG tube in that order depending on the alertness and ability of the baby) In most cases a total intake 150mls/ kg /day of EBM (formula if not available) will rehydrate the baby over a few days and bring serum sodium to normal gradually. Weigh again in 24hrs and discharge when weight stabilised. With planned follow up with midwives
B	**Blood results within normal limits. Baby alert interested in feeding sucks and swallows evident.** **Support breastfeeding** with supplementation of **75mls/kg/day of EBM (formula if not available) with cup or syringe. If baby looks for further feeding after supplementation proactively look at feeding cues and move back to breast.**

Guidance For Datix Review

Date of Admission WT loss Na >150mls yes/no

"please forward copy to Infant Feeding Co-ordinator to follow any trends"

	Y / N	Comments
Skin to skin optimised at birth		
Evidence of support for positioning and attachment		
Evidence of use of feeding assessment tool		
Evidence of implementation of a plan if feeding assessment highlighted concerns		
Weight Loss Care plan Implemented appropriately ie appropriate supplementation		
Care at Admission weight loss plan implemented appropriately		
Baby was breastfeeding on admission		
Baby was breastfeeding at discharge		
Any Other Comments		