



Aneurin Bevan University Health Board

Prevention and Management of Excessive Weight Loss in Healthy Breastfed Babies

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Contents:

Introduction3

Statement.....3

Language.....2

Aims.3

Objectives3

Scope.....3

Roles and Responsibilities3

Care Guidelines3

Implementation.....7

Equality7

Audit.....7

Review.....7

References8

Appendices8

1. Introduction/Overview

Breastmilk is identified as the optimal source of nutrition for babies and children up to the age of two and beyond. The benefits of breastfeeding for both mother and infant are well documented (UNICEF, 2022). It is important to identify any issues very early on in the breastfeeding relationship to enable continuation.

Some weight loss in the first few days following birth is expected and considered a normal physiological process, due to the excretion of extra-cellular fluid.

When excessive weight loss occurs during this period, closer observation and support is required in order to ensure the health of the baby. On occasions, excessive weight loss may be associated with conditions such as hypoglycaemia, jaundice, or infection. In most cases, excessive weight loss happens as a result of ineffective milk transfer at the breast. Underlying illness can itself cause weight loss or may be the reason for poor feeding, therefore, it is important that babies with excessive weight loss are referred to a paediatrician to consider underlying medical causes.

Following initial weight loss, babies should consistently gain weight of approximately 25-30g per day for the first month (WHO, 2006). Most babies will return to birth weight by two weeks, and those babies who do not reach birth weight by three weeks need referral to a paediatrician for further investigation. (NICE 2017)

This guideline is specifically for term healthy babies, and aims to optimise care given to breastfeeding dyads in the early days in order to prevent and manage excessive weight loss.

2. Statement

As part of a recognised Marmot region (Gwent PSB 2022), Aneurin Bevan University Health Board aims to reduce inequalities and contribute to giving every child the best start in life by supporting continued breastfeeding up to two years and beyond, as per WHO and UNICEF recommendations (2018).

3. Language

The guideline uses the term 'breastfeeding' throughout. This should be taken to include people who do not identify as women with breasts but who have given birth and are lactating. This term can be replaced with chest feeding where appropriate.

The term “breastfeeding dyad” refers to the breastfeeding parent and their baby as a biological unit. This term is referenced throughout the guideline.

4. Aims/Purpose

This guideline is specifically for term healthy babies, and aims to optimise care given to breastfeeding dyads in the early days in order to prevent and manage excessive weight loss.

5. Objectives

This guideline will improve standards of care for those experiencing excessive weight loss and faltering growth in the early days of life. This guideline will act as a prompt to ensure parents are given standardised advice which will aim to optimise and protect breastfeeding alongside supporting the baby’s growth and development. Improved breastfeeding management, supported by this guideline, should reduce the number of postnatal readmissions for weight loss.

6. Scope

Although an individualised and holistic approach is important, it is equally as important that parents are given support and advice that is standardised and evidence based, therefore this guideline has been created to be used by all health care professionals within Aneurin Bevan University Health Board who are involved in the care of new-born babies who are breastfed.

7. Roles and Responsibilities

It is the responsibility of all services within ABUHB caring for breastfeeding dyads, to implement this guideline and to ensure all health care professionals are made aware of the appropriate management of excessive weight loss in the early days of life.

It is the responsibility of the Infant Feeding Lead Midwife to ensure the guideline is circulated to all appropriate staff, and to audit outcomes as per the guideline.

8. Care Guidance

8.1 Breastfeeding Assessment

The use of a breastfeeding assessment tool helps the practitioner to identify when breastfeeding is going well, and indicates when further support may be necessary. Midwives should perform a breastfeeding assessment using

the Feeding Assessment tab on BadgerNet, or the UNICEF assessment tool (appendix 1):

- Prior to discharge from hospital
- At 72 hour weight
- Prior to discharge from community midwifery care

Additional assessments should be made if there are any concerns.

During an assessment, an observation of a whole feed should take place. The 'observation checklist' on BadgerNet should be completed alongside the assessment. It is important to observe for signs of effective milk transfer, noting a suck/swallow ratio of 2:1 during the majority of the feed. A suck/swallow ratio of more than this indicates ineffective milk transfer.

8.2 Weighing schedule

All babies should be weighed using calibrated electronic scales, on a firm flat surface, without clothes or nappy. Breastfed babies are weighed:

- At birth
- At 72 hours of life
- Around 10-14 days of life

Additional weighs may be indicated if there are any deviations from "normal". It is helpful to document whether the weight is pre or post feed.

8.3 Weight loss calculation

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

$$\begin{aligned} & \text{Weight loss (g) / Birth weight (g)} \\ & \quad \times 100 \\ & = \text{weight loss \%} \end{aligned}$$

Weight must be documented in BadgerNet "Baby Examination" and the % of weight loss should be noted. >14 days of age, weight should also be documented in the Personal Child Health Record (PCHR) or "red book", and plotted on the growth chart.

8.4 Weight loss of 8-10%

When weight loss of >8% is noted, it is important to complete a feeding assessment and observation to ensure good breastfeeding basics.

- Full assessment of baby to ensure no signs of illness
- Full breastfeeding assessment on BadgerNet under 'Feeding Assessment'
- Ensure baby is feeding a minimum of 8 times in 24 hours and offering both breasts at each feed
- Discuss feeding cues and responsiveness with parents, ensuring they are not scheduling feeds or delaying feeds by giving a dummy
- Encourage regular skin to skin and enable 'open access' to the breast
- Observe for change in frequency/amount of wet nappies
- Observe for change in stool colour and a minimum of 2 dirty nappies per day, at least the size of a £2 coin
- Document details of feeding and discussions on BadgerNet under 'Feeding Update'
- If illness suspected, jaundice, or poor urine or stool output noted, babies must be referred to Childrens Assessment Unit for paediatric review
- Reweigh in 48 hours – if <25g gain, progress to next management plan. If >25g revert to normal postnatal care and monitor weight gain, ensuring parents know how to assess breastfeeding is going well (appendix 2)

8.5 Weight loss of 10.1-12.4%

In addition to the above steps:

- Consider referral to infant feeding lead midwife
- Ensure a minimum of 8 feeds in 24 hours, ensuring baby feeds from both breasts at each feed
- Consider breast compressions and demonstrate to parents
- Consider switch feeding and demonstrate to parents
- Express after each feed and give via cup or paced bottle feeding
- Reweigh in 24 hours, if <25g gain then progress to next management plan
- If >25g gain, monitor further weight gain closely
- Ensure details of a feeding plan is documented on BadgerNet under 'Feeding Plan'
- If illness suspected, jaundice, or poor urine or stool output noted, babies must be referred to Childrens Assessment Unit for paediatric review

8.6 Weight loss of $\geq 12.5\%$

In addition to the above steps:

- Refer to Childrens Assessment Unit for paediatric review
- Refer to infant feeding lead midwife

- Express after each feed using a hospital grade double pump, ensuring correctly sized flange
- Offer supplementation of EBM or formula if EBM amount is not sufficient
- A pragmatic approach to introducing supplements at this stage would be offering 50% of the baby's requirements (using 150ml/kg/24 hours as full requirement) with close monitoring for effectiveness. This can be slowly reduced as weight increases and breastfeeding improves
- Supplements can be given 4, 6 or 8 times in a 24-hour period calculating 50% of 150ml/kg/24 hours dividing by number of supplements, being mindful that very large volumes may cause disruption to breastfeeding.

For example:

3kg baby. 150ml/kg/24 hours = 450ml. 50% of this = 225ml.

225/8 = 28mls 8 x supplements

225/6 = 37.5ml 6x supplements

225/4 = 56ml 4x supplements

A full discussion with the parents should take place to explore what is most feasible to them.

- When breastfeeding is supplemented, this should be documented in BadgerNet under 'Feeding Update'
- Prior to offering supplementation a full discussion should take place with the parents, taking in to consideration how to protect lactation and cause minimal disruption to the breastfeeding dyad
- Supplements can be offered by cup, bottle, or nasogastric tube (if admitted)
- Weigh in 24 hours and aim for >25g increase per day
- Ensure 'Feeding Plan' and 'Feeding Update' is completed on BadgerNet

8.7 Weight gain following initial loss

Following initial weight loss, babies should consistently gain weight of approximately 25-30g per day for the first month (WHO, 2006). Staff should ensure observation of adequate weight gain at each examination. Slow weight gain indicates further support is needed and a breastfeeding assessment should be performed.

Babies should not be discharged from community midwifery care until they have reached their birth weight. Babies who have not reached birth weight at day 21 should be referred for further support from the infant feeding lead midwife, and for investigation by a paediatrician.

In the PCHR, measurements should be recorded as a single dot in black ink on the growth chart. Birth weight for babies born at term (37-42 weeks) should be plotted at 0 weeks.

In infants over 3 weeks of age, closer assessment, monitoring and support is required if the following thresholds occur (NICE 2017):

- A fall across 1 or more centile spaces, if birth weight <9th centile
- A fall across 2 or more centile spaces, if birth weight was between 9th and 91st centile
- A fall across 3 or more weight centile spaces, if birthweight was >91st centile
- When current weight is <2nd centile, regardless of birth weight

9. Implementation

This guideline will be implemented immediately upon publication following review by all appropriate stakeholders.

All staff within maternity will be made aware of this document following publication, during training days and on commencement of employment within the health board.

10. Equality

Equality impact assessment

11. Audit

Ongoing audit will monitor admission rates for excessive weight loss, using referrals to the infant feeding lead midwife. Feedback from staff on the use of this guideline will also be sought.

12. Review

This document will be reviewed every three years, or before this if evidence significantly changes

13. References

Gwent PSB, 2022. [Microsoft Word - 03 - Proposal - Gwent Becoming A Marmot Region.docx \(gwentpsb.org\)](#)

NICE, 2017 [Recommendations | Faltering growth: recognition and management of faltering growth in children | Guidance | NICE](#)

UNICEF, 2018. [Unicef/WHO 2018 Breastfeeding, a mothers gift for every child](#)

UNICEF, 2022 [Breastfeeding leaflet \(unicef.org.uk\)](#)

World Health Organization Child Growth Standards, 2006. [Child growth standards \(who.int\)](#)

14. Resources

ABUHB Weight Loss Guidance

All breastfed babies must be weighed 72 hours after birth

If illness is suspected, concerning jaundice, or poor urine or stool output noted, babies must be referred to Childrens Assessment Unit for paediatric review regardless of weight loss

A. 8 - 10% weight loss

- Complete feeding assessment and observation
- Ensure minimum of 8 feeds per 24 hours, offering both breasts
- Discuss feeding cues and responsiveness
- Encourage regular skin to skin
- Observe for change in frequency/amount of wet nappies
- Observe for change in stool colour and a minimum of 2 dirty nappies per day, at least the size of a £2 coin
- Reweigh in 48 hours – if <25g gain, progress to next management plan. If >25g revert to normal postnatal care and monitor weight gain, ensuring parents know how to assess breastfeeding is going well

B. 10.1 – 12.4% weight loss

- Follow steps from Care Plan A
- Consider referral to infant feeding lead midwife
- Ensure a minimum of 8 feeds in 24 hours, ensuring baby feeds from both breasts at each feed
- Consider breast compressions and demonstrate to parents
- Consider switch feeding and demonstrate to parents
- Express after each feed and give via cup or paced bottle feeding
- Reweigh in 24 hours, if <25g gain then progress to next management plan
- If >25g, monitor further weight gain closely

C. ≥12.5% weight loss

- Follow steps from Care Plan A and B
- Refer to infant feeding lead midwife, and Childrens Assessment Unit for paediatric review
- Express after each feed using a hospital grade double pump, ensuring correctly sized flange
- Offer supplementation of EBM or formula if EBM amount is not sufficient
- A pragmatic approach to introducing supplements is offering 50% of the baby's requirements* (using 150ml/kg/24 hours as full requirement) with close monitoring for effectiveness. This can be slowly reduced as weight increases and breastfeeding improves
- Supplements can be offered by cup, bottle, or nasogastric tube (if admitted)
- Weigh in 24 hours and aim for >25g increase per day

*Supplements can be offered 4, 6 or 8 times in a 24 hour period following a discussion with parents, taking in to consideration what suits them best. Be mindful that larger volumes may cause baby to sleep for longer periods, therefore reducing time at the breast

15. Appendices



Appendix 1

How you and your midwife can recognise that your baby is feeding well					*This assessment tool was developed for use on or around day 5. If used at other times:
What to look for/ask about	√	√	√	√	
Your baby: has at least 8 -12 feeds in 24 hours*					Wet nappies: Day 1-2 = 1-2 or more in 24 hours Day 3-4 = 3-4 or more in 24 hours, heavier Day 6 plus = 6 or more in 24 hours, heavy
is generally calm and relaxed when feeding and content after most feeds					
will take deep rhythmic sucks and you will hear swallowing*					
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously					Stools/dirty nappies: Day 1-2 = 1 or more in 24 hours, meconium Day 3-4 = 2 (preferably more) in 24 hours changing stools
has a normal skin colour and is alert and waking for feeds					
has not lost more than 10% weight					
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours*					Sucking pattern: Swallows may be less audible until milk comes in day 3-4 Feed frequency: Day 1 at least 3-4 feeds After day 1 young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*					
Your breasts:					
Breasts and nipples are comfortable					
Nipples are the same shape at the end of the feed as the start					
How using a dummy/nipple shields/infant formula can impact on breastfeeding					
Date					Care plan commenced: Yes/No:
Midwife's initials					
Midwife: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.					

© Unicef UK Baby Friendly Initiative

Appendix 2

How can I tell that breastfeeding is going well?

 Breastfeeding is going well when:	 Talk to your midwife / health visitor if:
Your baby has 8 feeds or more in 24 hours	Your baby is sleepy and has had less than 6 feeds in 24 hours
Your baby is feeding for between 5 and 40 minutes at each feed	Your baby consistently feeds for 5 minutes or less at each feed Your baby consistently feeds for longer than 40 minutes at each feed
	Your baby always falls asleep on the breast and/or never finishes the feed himself
Your baby has normal skin colour	Your baby appears jaundiced (yellow discolouration of the skin) <small>Most jaundice in babies is not harmful, however, it is important to check your baby for any signs of yellow colouring particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when you are changing a nappy or clothes. From time to time press your baby's skin gently to see if you can see a yellow tinge developing. Also check the whites of your baby's eyes when they are open and the inside of his/her mouth when open to see if the sides, gums or roof of the mouth look yellow</small>
Your baby is generally calm and relaxed whilst feeding and is content after most feeds	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed
Your baby has wet and dirty nappies (see chart over page)	Your baby is not having the wet and dirty nappies explained overleaf
Breastfeeding is comfortable	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side
When your baby is 3-4 days old and beyond you should be able to hear your baby swallowing frequently during the feed	You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond
	You think your baby needs a dummy
	You feel you need to give your baby formula milk

© Unicef UK Baby Friendly Initiative