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GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Reluctant Feeding Policy

Initiated By	Cwm Taf Morgannwg University Health Board Obstetrics, Gynaecology, children and families care group
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CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
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AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author	Rosy Phillips	Ratification Date	November 2023
Job Title	Infant Feeding Coordinator	Review Date	November 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

Equality Impact Assessment Statement

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

Related Policies

- **Infant Feeding Policy Maternity / Neonatal Services (CTMUHB, 2023)**
- **Guideline for the Safe Management of Expressed Breastmilk on the Maternity Unit (CTMUHB, 2023)**
- **Guideline for Alternative Feeding Methods in the Full Term Breastfed Infant (CTMUHB, 2023)**

Training Implications

All staff will receive orientation to these policies at induction into the unit and full training to implement them within 6 months of starting employment (CTMU Infant Feeding Policy).

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Purpose

This policy is to a) support breastfeeding mothers to establish feeding when a healthy term baby is assessed as reluctant to feed, and b) to correctly support the mothers of formula fed babies who are identified as reluctant to feed.

This policy refers to all staff working within maternity settings who support mothers to establish breastfeeding or formula feeding.

Its aim is to identify and safely manage babies who are reluctant to feed.

Key Principles

To identify a reluctant feeding breastfed baby or formula fed baby.

To promote those activities such as skin to skin contact and hand expressing, which maximise the initiation of lactation in breastfeeding babies.

To enable mothers to recognise feeding cues, effective feeding, or reluctant feeding.

To support practitioners to identify abnormal clinical signs that might signify hypoglycaemia.

To support responsive breastfeeding and or responsive formula feeding when feeding has been established.

Definition

These policies are a written statement of intent, setting out the way in which challenges to establishing breastfeeding or formula feeding will be managed by Cwm Taf Morgannwg University Health Board maternity and neonatal services.

The guidance is underpinned by BAPM (2017) Identification and Management of Neonatal Hypoglycaemia in the Full Term Infant – A Framework for Practice.

The guidance is mandatory, binding staff working within the Midwifery and neonatal service to follow its content.

Identifying the need for a document

Breastmilk is recommended as the optimal source of nutrition for infants (see Infant Feeding Policy for further information).
To breastfeed successfully, mothers require accurate and evidence-based information, and face-to-face, ongoing, predictable support which reflects optimum standards.

This guidance is required to ensure that all staff in the Maternity and Neonatal services of Cwm Taf Morgannwg University Health Board understand their roles and responsibilities in supporting mothers and their partners to continue to breastfeed and care for their baby where their baby is reluctant to feed.

This guidance is required to ensure that all staff at in the Maternity and Neonatal service of Cwm Taf Morgannwg University Health Board understand their role and responsibilities in supporting mothers and their partners when a formula fed baby is reluctant to feed.

The guidance should be implemented in conjunction with other policies that protect, support and promote exclusive breastfeeding, and maximise the amount of breastmilk a baby receives.

This guidance will provide staff and parents with a clear pathway for feeding assessment, a pathway of care and referral if required to paediatric care when a baby is reluctant to feed.
This guidance will support staff to recognise clinical signs related to hypoglycaemia for either reluctant feeding breastfed or formula fed infants.

Responsibilities

Staff are committed to:

☐ Providing the highest standard of care to support new breastfeeding mothers and their partners to breastfeed their baby, and to support all new mothers and their partners to build strong and loving parent-infant relationships.

☐ To avoid conflicting advice, it is mandatory that all staff involved with the care of mothers and babies in the Midwifery and Neonatal service adhere to this guidance. Any deviation from the guidance must be justified and recorded in the Neonatal records as appropriate.

☐ Parent's experiences of care will be listened to, through: regular audits, parents' experience surveys, parents' forum meetings.

☐ All staff will have access to a copy of this guidance.

Management of the reluctant feeder (any baby not feeding effectively) with no risk factors for impaired transition:

Healthy asymptomatic term infants should not be screened routinely for hypoglycaemia. But reluctant feeders should be monitored for clinical signs of symptomatic hypoglycaemia, which should be clearly documented. If such signs are seen then this must be followed by a blood glucose measurement.

Pro-active support of feeding in the immediate post-partum period for all term infants includes skin contact and support for the first feed as in Cwm Taf Morgannwg University Health Board Infant Feeding Policy. This should be followed by an assessment within 6-8 hours to identify whether initiation of feeding has been effective, or whether the infant is a reluctant feeder (not showing feeding cues). Practitioners need to be skilled in the clinical assessment of *effective* feeding and *reluctant* feeding, and be able interpret feeding behaviour in the context of a general assessment of well-being.

Infants with no risk factors and no abnormal clinical signs, but who are reluctant to feed should be given an active feeding plan. It is important to follow the flowchart and for staff to be alert to the clinical signs listed on the reluctant feeding flow chart.

It is important that there should be regular assessment of the baby who is reluctant to feed. The baby should be awake to make the

assessment, which should include colour, tone, respiratory rate, heart rate, temperature, level of consciousness, and any signs associated with hypoglycaemia should also be noted (see below). This should include assessment of feeding behaviours, which if abnormal, may be a presenting sign of hypoglycaemia. Rousing the baby is important, as thorough clinical assessment cannot be made effectively during sleep.

Signs that may indicate hypoglycaemia

* Lethargy

* Abnormal feeding behaviour especially after a period of feeding well

* High pitched cry

* Altered level of consciousness

* Hypotonia

* Seizures

* Hypothermia (<36.oC)

* Cyanosis

* Apnoea

Key Messages – measuring Blood Glucose

☐ Reluctant feeding in an otherwise well infant does not require BG measurement

☐ When reluctant feeding occurs after a period of feeding well, BG measurement should be considered.

☐ Reluctant Feeding if there are any abnormal clinical signs suggestive of hypoglycaemia, BG measurement should be undertaken.

☐ Cold stress is associated with hypoglycaemia and warming measures indicated with a baby with temperature below 36.5°c. BG measurement is required if the temperature does not recover with warming measures or if the temperature is below 36°C

☐ Lethargy is defined as excessive sleepiness with or without good tone and justifies BG measurement.

Managing breastfed healthy term infants

Healthy term babies may feed enthusiastically at birth and then sleep for many hours. In order to prevent a potential negative effect on the baby's wellbeing, the establishment of feeding and the stimulation of lactation, follow the Reluctant Feeding flow chart '**Birth'** section for all well, term babies.

Skin contact

Encourage and enable skin to skin contact and frequent extended access to the breast to support breastfeeding. Support the mother with biological nurturing and natural positioning for breastfeeding. See BAPM for more information on safe skin to skin and prevention of SUPC: **https://hubble-live-assets.s3.amazonaws.com/bapm/file_asset/file/1154/SUPC_Framework_May_2022.pdf**

Responsive Feeding

Promote responsive feeding so that the mother has an understanding of the baby`s behaviour when looking for feeds, this can include moving towards the breast as well as an understanding of the feeding cues. Feeding cues indicate the beginning of feeding readiness when babies are more likely to latch on and suck and can occur during periods of light sleep as well as when a baby is awake. Cues include rapid eye movements under the eyelids, mouth and tongue movements, body movements and sounds, sucking on a fist. Crying can be a way of indicating that the feeding cues have been missed. If this doesn't occur, support should be provided and documented until effective feeding is established.

Assisted feeding - cup, spoon, oral syringe, finger. (See Alternative feeding methods Guideline.)

Occasionally it may be helpful to give a baby small amounts of colostrum using a cup, spoon, oral syringe or finger. Mothers can also be encouraged to hand express colostrum directly into their baby's mouth, as long as they are awake.

To give a cup feed safely, hold baby in an upright position, ensuring that baby's neck and shoulders are well supported. Make sure baby is fully awake, calm and alert. Half-fill the cup and hold it so that it just touches baby's mouth. It should reach the corners of her/his

mouth and rest lightly on her/his bottom lip. Allow her/him just a tiny sip, to encourage drinking – do not pour the milk into her/his mouth; tip the cup just enough so that baby can lap up. Keep the cup in this tilted position and allow her/him to start again when she/he is ready.

To give a syringe feed safely, the calm and alert baby should be held in the mother’s arms slightly upright, not flat. The oral syringe is gently placed in between the gum and cheek and a little colostrum gently instilled, no more than 0.2ml at a time. Allow the baby time to taste and enjoy the milk. Stop if the baby starts sucking, allow time to swallow, then give a little more. Move onto cup feeding once you have more than 5ml to give. If there is a clinical indication to provide formula or a mother makes an informed choice to provide formula this can also be given in a cup. A nasogastric tube may be required if the baby shows no cues in response to assisted feeding methods.

To Finger feed safely, wash hands thoroughly- consider demonstrating thorough hand washing to parents. Ensure nails are cut short. Using a clean (parent) or clean and gloved (HCP) finger stroke baby’s lip to encourage rooting behaviour and wide gape. When baby is ready slide finger with pad uppermost into baby’s mouth with fingertip just reaching soft palate. If baby does not start sucking immediately very gently massage the roof to stimulate sucking. When baby starts sucking introduce the syringe into the corner of the mouth and deliver 0.1-0.2ml milk. As baby sucks and swallows rhythmically continue to very gently deliver milk. Observe baby at all times and pace the feed according to their needs.

Boosting confidence

You can help and support the mother and boost her confidence by effectively teaching her to hand express. Give her a supply of oral feeding syringes and /or feeding cups, encourage skin contact, especially in the laid-back position and help her to recognize her baby’s feeding cues. Encourage the mother to offer her breast to her baby when he/she is ready, and to feed her baby expressed breast milk until he/she is breastfeeding actively and effectively. Mother-led feeding will empower the mother as well as saving you time.

If the mother chooses not to express colostrum.

If the mother cannot or chooses not to express her colostrum the mother may want to give some formula. It is the responsibility of the midwife to ensure this is an informed decision based on the understanding of the mother's awareness of how expressing can maximise milk supply, and the benefits of exclusive breastfeeding. Minimising the amount of formula given, and avoiding bottles and teats will lessen the impact on breastfeeding.

Recognising effective feeding - ensuring mothers and staff are able to identify

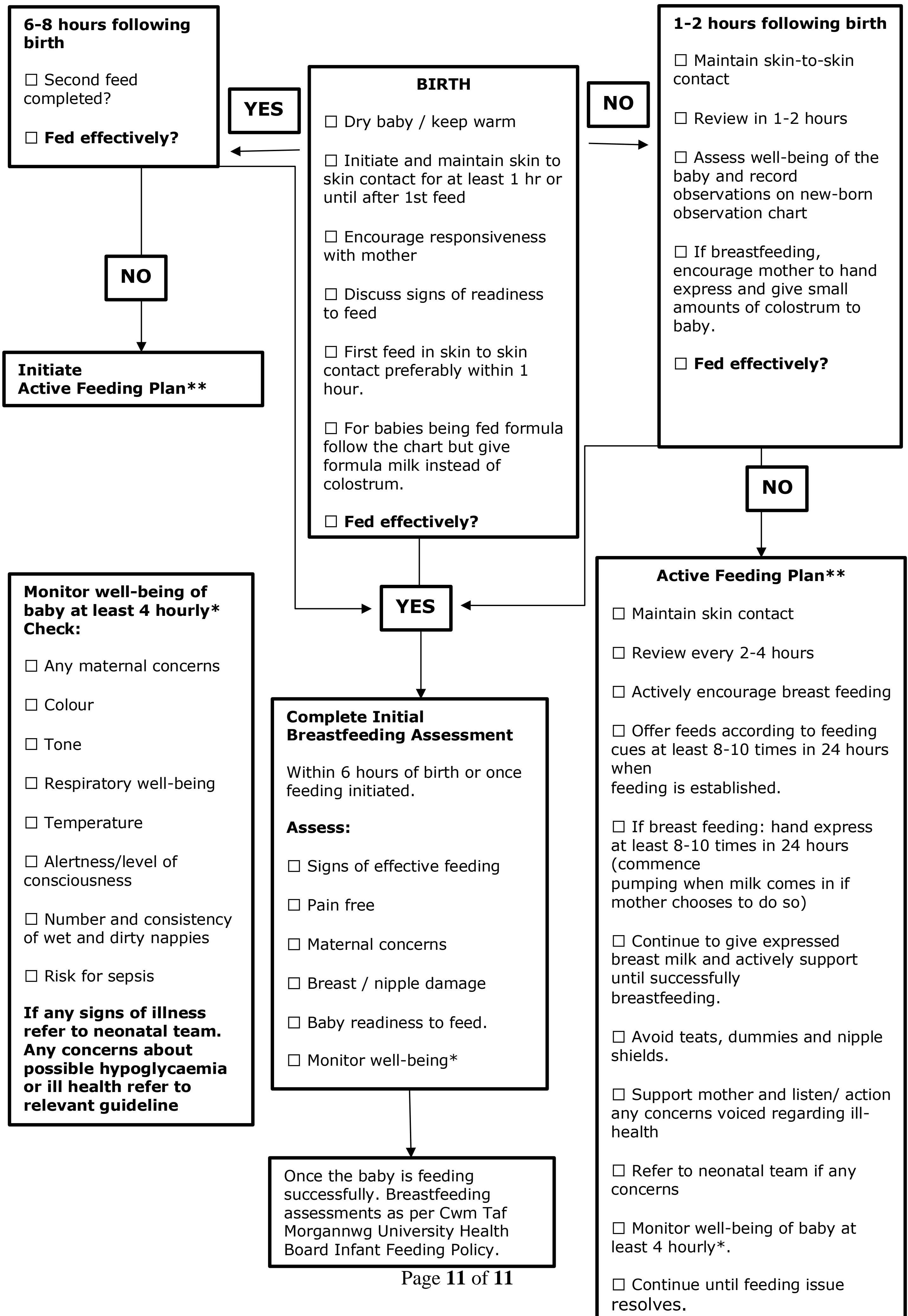
The baby should be alert, actively sucking but settled at the breast; s/he should end breastfeeding spontaneously and remain settled for a short period until the next feed.

The feed should be pain free and the baby should demonstrate adequate wet and dirty nappies appropriate to age as on the breastfeeding assessment chart.

The mother should have a good understanding of responsive breastfeeding and staff should continue following the Infant Feeding Policy (CTMUHB).
When mothers are discharged they should be able to understand the signs of effective feeding, have information to support this and it should be documented on the postnatal notes prior to discharge.

FLOWCHART:

Management of Reluctant Feeding in Healthy Term Infants ≥ 37 Weeks (page 11).



6-8 hours following birth
☐ Second feed completed?
☐ Fed effectively?
YES
BIRTH
☐ Dry baby / keep warm
☐ Initiate and maintain skin to skin contact for at least 1 hr or until after 1st feed
☐ Encourage responsiveness with mother
☐ Discuss signs of readiness to feed
☐ First feed in skin to skin contact preferably within 1 hour.
☐ For babies being fed formula follow the chart but give formula milk instead of colostrum.
☐ Fed effectively?
NO
1-2 hours following birth
☐ Maintain skin-to-skin contact
☐ Review in 1-2 hours
☐ Assess well-being of the baby and record observations on new-born observation chart
☐ If breastfeeding, encourage mother to hand express and give small amounts of colostrum to baby.
☐ Fed effectively?
NO
Initiate Active Feeding Plan**
NO
YES
Monitor well-being of baby at least 4 hourly* Check:
☐ Any maternal concerns
☐ Colour
☐ Tone
☐ Respiratory well-being
☐ Temperature
☐ Alertness/level of consciousness
☐ Number and consistency of wet and dirty nappies
☐ Risk for sepsis
If any signs of illness refer to neonatal team. Any concerns about possible hypoglycaemia or ill health refer to relevant guideline
Complete Initial Breastfeeding Assessment
Within 6 hours of birth or once feeding initiated.
Assess:
☐ Signs of effective feeding
☐ Pain free
☐ Maternal concerns
☐ Breast / nipple damage
☐ Baby readiness to feed.
☐ Monitor well-being*
Once the baby is feeding successfully. Breastfeeding assessments as per Cwm Taf Morgannwg University Health Board Infant Feeding Policy.
Active Feeding Plan**
☐ Maintain skin contact
☐ Review every 2-4 hours
☐ Actively encourage breast feeding
☐ Offer feeds according to feeding cues at least 8-10 times in 24 hours when feeding is established.
☐ If breast feeding: hand express at least 8-10 times in 24 hours (commence pumping when milk comes in if mother chooses to do so)
☐ Continue to give expressed breast milk and actively support until successfully breastfeeding.
☐ Avoid teats, dummies and nipple shields.
☐ Support mother and listen/ action any concerns voiced regarding ill-health
☐ Refer to neonatal team if any concerns
☐ Monitor well-being of baby at least 4 hourly*.
☐ Continue until feeding issue resolves.