Reluctant Feeder Policy

Specialty:	Maternity Services
Date Approved:	April 2018
Approved by:	Postnatal Forum
Date for Review:	March 2021

Management of reluctant feeding in healthy infants ≥37 weeks.

Policy Statement

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

Scope of Policy

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

Aim

To identify and safely manage babies who are reluctant to feed.

Objectives

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

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

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

This policy is a written statement of intent, setting out the way in which challenges to establishing breastfeeding or formula feeding will be managed by Abertawe Bro Morgannwg University Health Board (ABMU HB) 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

ABMU HB believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important short, medium and long term physical and emotional health and wellbeing benefits known to exist for the mother and her child (Standing Committee on Nutrition of the British Paediatric Association, 1994).

This guidance is required to ensure that all staff in the Maternity and Neonatal services of ABMU HB 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 ABMU HB 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 guidelines 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 mothers and their partners to breastfeed their baby and 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 ABMUs 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 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 when reluctant to feed the baby should be awake to make the assessment , including colour, tone, respiratory rate, heart rate, temperature, level of consciousness, and signs associated with hypoglycaemia. This should include assessment of feeding behaviours, which if abnormal, may be a presenting sign of hypoglycaemia. Thorough clinical assessment can not 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.^{o}C)
* Cyanosis
* Apnoea

Key Messages

- Reluctant feeding in an otherwise well infant does not require BG measurement
- Reluctant feeding 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 36.5c. BG measurement is required if the temperature does not recover with warming measures or 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 a baby's wellbeing, establishment of feeding and the stimulation of lactation follow the reluctant feeding flow chart birth for all well, term babies.

Skin contact

Support skin to skin and frequent extended access to the breast to support breastfeeding and support the mother with biological nurturing and positioning for breastfeeding.

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)

Occasionally it may be helpful to give a baby small amounts of colostrum using a cup, spoon or oral syringe.

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.

Boosting confidence
You can help and support the mother and boost her confidence by teaching her to hand express. Give her a supply of oral feeding syringes and 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.

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 infant feeding policy ABMU. When mums 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.

Management of Reluctant Feeding in Healthy Term Infants ≥ 37 Weeks

Birth

- Dry baby / keep warm
- Initiate and maintain skin to skin contact for at least 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?**

6-8 hours following birth

- Second feed completed?
- **Fed effectively?**

YES

NO

Initiate active feeding plan**

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

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 ABMU 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.

Checklist for Clinical Guidelines approved by Maternity Services

Title of Guideline:	Guidelines for Reluctant Feeding Babies
Name(s) of Author:	Carol Jones
Chair of Group or Committee supporting submission:	Postnatal Forum Group
Issue / Version No:	2
Next Review / Guideline Expiry:	March 2021
Details of persons included in consultation process:	Managers/representatives from team midwives and postnatal group
Brief outline giving reasons for document being submitted for ratification	Updating of Reluctant Breastfeeding Babies Policy and renaming to include other feeding methods
Name of Pharmacist (mandatory if drugs involved):	N/A
Please list any policies/guidelines this document will supercede:	Guidelines for Reluctant Breastfeeding Babies (2010)
Keywords linked to document:	feeding, breast
Date approved by Directorate Quality & Safety Group:	26th April 2018
File Name: Used to locate where file is stores on hard drive	pow_fs1\ABM_W&CH_mgt\Clinical Governance-Q&S\Policies & Procedures – Ratified\Maternity

* To be completed by Author and submitted with document for ratification to Clinical Governance Facilitator