Royal Cornwall Hospitals NHS Trust

Policy Under Review

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Information Category	Detailed Information
Document Title:	Reluctance to Feed Management in Babies Born at or Over 37 Weeks Gestation Clinical Guideline V4.0
This document replaces (exact title of previous version):	Reluctance to Feed Management in Babies Born at or Over 37 Weeks Gestation Clinical Guideline V3.1
Date Issued / Approved:	June 2022
Date Valid From:	June 2022
Date Valid To:	December 2025
Author / Owner:	Helen Shanahan; Infant Feeding Coordinator
Contact details:	01872 253180
Brief summary of contents:	This guideline applies to all health professionals caring for healthy, newborn babies born at or above 37weeks gestation that are reluctant to breast feed. Management of these babies includes promoting and protecting breastfeeding and aims to detect and prevent any deterioration in the baby's condition.
Suggested Keywords:	Breastfeeding, reluctant, formula, expressing, breast, newborn, supplementation, colostrum, skin, feeding.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Child Health Audit and Guidelines Group.
Manager confirming approval processes:	Caroline Chappell.

Information Category	Detailed Information
Name of Governance Lead confirming consultation and ratification:	Michael Cross.
Links to key external standards:	UNICEF – Baby Friendly Initiative CNST 5.5
Related Documents:	• NICE (20015) CG 37 Postnatal care: Routine postnatal care of women and their babies. • DeCarvalho M.D. et al (1983) Effect of frequent breastfeeding on early milk production and infant weight gain Pediatrics 72: 307-11. • Mayo E. (2004) Breastfeeding is natural… isn't it? New Digest 26 April 2004: 14-15.
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/ Newborn Care.

This document is only valid on the day of printing.

Controlled Document.

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Reluctance to Feed Management in Babies Born at or Over 37 Weeks Gestation Clinical Guideline

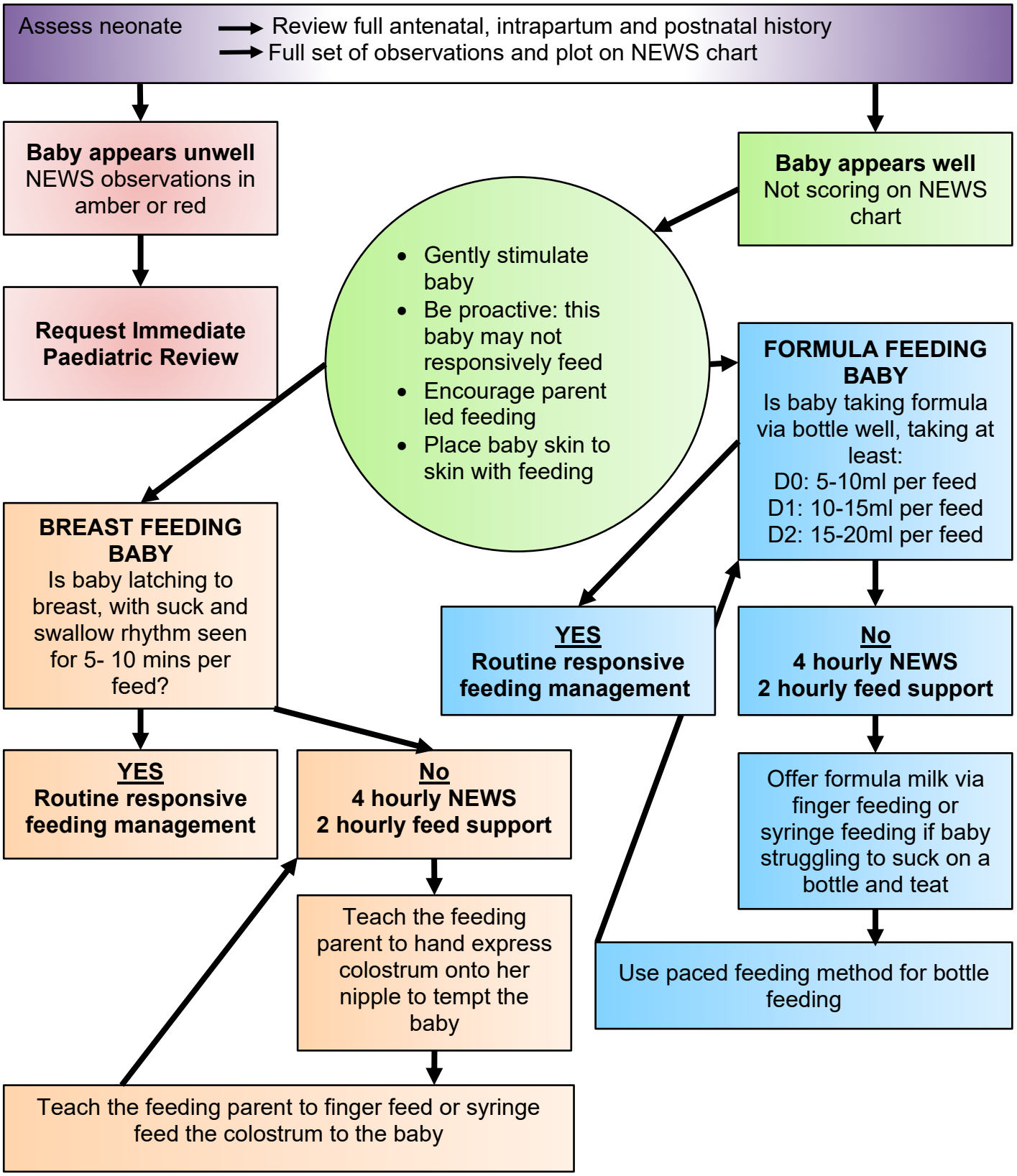
V4.0

June 2022

Summary

Management of reluctance to feed in babies born at or over 37 weeks gestation

If the baby has not had the first feed within 4 hours of birth or second feed 6 hours after the first, think POSSIBLE SEPSIS and follow the flow chart.


Assess neonate
Review full antenatal, intrapartum and postnatal history
Full set of observations and plot on NEWS chart
Baby appears unwell
NEWS observations in amber or red
Request Immediate Paediatric Review
Baby appears well
Not scoring on NEWS chart
Gently stimulate baby
Be proactive: this baby may not responsively feed
Encourage parent led feeding
Place baby skin to skin with feeding
FORMULA FEEDING BABY
Is baby taking formula via bottle well, taking at least:
D0: 5-10ml per feed
D1: 10-15ml per feed
D2: 15-20ml per feed
BREAST FEEDING BABY
Is baby latching to breast, with suck and swallow rhythm seen for 5- 10 mins per feed?
YES
Routine responsive feeding management
No
4 hourly NEWS
2 hourly feed support
YES
Routine responsive feeding management
No
4 hourly NEWS
2 hourly feed support
Offer formula milk via finger feeding or syringe feeding if baby struggling to suck on a bottle and teat
Use paced feeding method for bottle feeding
Teach the feeding parent to hand express colostrum onto her nipple to tempt the baby
Teach the feeding parent to finger feed or syringe feed the colostrum to the baby

1. Aim/Purpose of this Guideline

1.1. This guideline applies to all health professionals supporting feeding parents caring for healthy, newborn babies born at or over 37 weeks gestation that are reluctant to initiate and/or sustain feeding in the first few days of life.

1.2. Management of these babies includes promoting and protecting breastfeeding if this is the feeding parent's choice, or formula feeding if not, and aims to detect and prevent any deterioration in the baby's condition.

1.3. This policy is NOT recommended for use in babies born under 37 weeks gestation. For Guidance on working with these babies, seek the advice of the Infant Feeding Team or Neonatal Team.

1.4. When babies are over 72 hours old and remain reluctant to feed it is appropriate to contact the Infant Feeding Team or Neonatal Team for further support via phone and email, and/or additional assessment in order to ensure appropriate individual feeding plans are made.

1.5. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Individual feeding plans

2.1.1. Individual feeding plans must be made for all babies by the attending Midwife, and must include clear plans for daily reviews of the ability of the baby to feed successfully.

2.1.2. Feeding parents must be included in the care planning of babies that are reluctant to feed in order to ensure effective management of these babies.

2.2. Skin to Skin

Best practice guidance encourages the baby to feed soon after birth, helped by uninterrupted skin to skin contact for at least 1 hr. or until after the first feed. Most babies will seek to feed effectively within the first 1-2 hours of life, but some babies may be slightly more reluctant due to the effects of maternal analgesia or a long labour. Some babies may feed well initially but then not actively seek a further feed for many hours.

2.3. THINK POSSIBLE SEPSIS

If the baby has not had their first feed within 4 hours or the second feed within 6 hours of the first feed, THINK POSSIBLE SEPSIS

2.3.1. Assess the baby. Record temperature, record heart rate for a (full minute with a stethoscope), observe respirations for a full minute, assess baby's colour, for signs of sternal recession and nasal flaring and record all observations on a NEWS chart. Take a full history and assess risk factors for sepsis, maternal analgesia or use of any other medications that may affect the baby. Paediatric review is required if any of the NEWS observations are in amber or red or if the baby appears unwell.

2.3.2. If the feeding parent has continuing concerns regarding the baby or the feeding, repeat observations must be completed within 4 hours. If this is not possible in the community, refer in to a midwifery setting for review. If the baby is in hospital, then repeat the observations and NEWS recordings at least 4hrly until the baby is waking and feeding normally.

2.3.3. Undress baby and place 'skin to skin'. If the baby's temperature is below 36.6 put on a hat and ensure baby is covered with a warm, dry blanket. Keep the baby skin to skin and encourage the feeding parent to look for changes in the baby's condition. Advise them of how to inform staff of any concerns. Recheck that temperature stabilises in one hour.

2.4. Feeding Cues

2.4.1. Review feeding cues with the feeding parent. Anticipate that the baby will become more interested in feeding and encourage the feeding parent to offer the breast or bottle, whenever the baby begins to show feeding cues

2.4.2. Feeding cues indicate a state of light sleep and the beginning of feeding readiness when babies are more likely to latch on and suck. Cues include rapid eye movements under the eyelids, mouth and tongue movements, body movements and sounds, sucking on a fist. Crying is a way of indicating that early feeding cues have been missed.

2.4.3. Ensure the feeding parent has a copy and has read a current Essential Guide to Feeding and Caring for your Baby. Highlight the reluctant feeding section within the booklet.

2.4.4. Encourage the feeding parent to gently stimulate the baby, and to keep their baby skin to skin as much as possible.

2.5. If the baby has still not fed after 2 hours of the above interventions.

2.5.1. If breastfeeding, encourage the feeding parent to hand express colostrum into a clean container. Teach the feeding parent to finger feed or syringe feed the colostrum to the baby (see Alternative Methods of Giving Breast Milk or Formula Milk to Babies born at or after 37 weeks gestation Clinical Guideline). Continue to encourage the feeding parent to hand express and give colostrum 2 hourly until the baby breastfeeds staying attached and suckling effectively for at least 5-10 minutes.

2.5.2. If formula feeding, the baby can be offered formula milk by finger feed, syringe feed or bottle and teat (see Alternative Methods of Giving Breast Milk or Formula Milk to Babies born at or after 37 weeks gestation Clinical Guideline) Educate the feeding parent about sterilisation of equipment, paced, responsive feeding and how to correctly make up powdered infant formula safely.

2.5.3. If the baby appears well, encourage the feeding parent to be proactive and lead the feeding until the baby has woken and fed effectively for two consecutive feeds

2.5.4. Keep the baby 'skin to skin'

2.6. When a breastfeeding parent does not want to hand express

The length of labour and the type of birth may influence physical ability and feelings about hand expressing and giving colostrum intensively. Parents may ask to give formula instead. Healthcare professionals supporting parents at this time should give compassionate and unbiased support, highlighting the need to initiate lactation with hand expression in the first 4 hours postpartum, and to regularly hand express to support lactation when their baby is not feeding from the breast.

2.7. If the feeding parent chooses not to express colostrum

If the feeding parent cannot, or chooses not to express colostrum, and the baby needs a supplementary feed, it is the responsibility of the healthcare professionals supporting parents at this time to discuss the alternatives available and the disadvantages of giving formula milk. **Informed consent for a supplementary feed of formula milk is vital, and this should be documented.**

2.8. Any infant readmitted to the acute setting for a feeding related issue:

Consider tongue tie. Assess for tongue tie if competent to do so, documenting your assessment as part of the readmission Infant Feeding Assessment, including the TABBY score. If you suspect a tongue tie, refer to Infant Feeding Team for assessment for division via rcht.infantfeedingteam@nhs.net See Management of Ankyloglossia guideline for assessment forms.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The audit will take into account record keeping by midwifery team members, and supplementation rates for babies.
Lead	Infant Feeding Coordinator
Tool	The tool used will be the United Nations International Children's Emergency Fund (UNICEF) supplementation audit tool, to include: • Documentation that this Guideline is being used to support care planning • Plan of care made to promote and protect breastfeeding if this is the feeding parents' choice Documented informed consent - If a breastfeeding baby received any formula supplements was it in an appropriate method and quantities for the baby's age?
Frequency	Yearly
Reporting arrangements	• A report will be completed by the Infant Feeding coordinator, shared with the Infant Feeding Steering Group, and a summary sent to all members of the midwifery team • Patient Safety Management and Clinical Audit Forum • During the process of the audit compliance is below 80% or other deficiencies identified, this will be highlighted at the next Maternity Patient Safety and Clinical Audit Forum and an action plan agreed
Acting on recommendations and Lead(s)	• Any deficiencies identified on the audit will be discussed at the Infant Feeding Steering Group and an action plan developed • Action leads will be identified and a time frame for the action to be completed by the Infant Feeding Coordinator, working with the Postnatal Ward Manager

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	• Required changes to practice will be identified and actioned within 3 months • If the supplementation rate is found to be above 10% of those interviewed, training and updating of staff will be reviewed within the following 3 months

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Reluctance to Feed Management in Babies Born at or Over 37 Weeks Gestation Clinical Guideline V4.0
This document replaces (exact title of previous version):	Reluctance to Feed Management in Babies Born at or Over 37 Weeks Gestation Clinical Guideline V3.1
Date Issued/Approved:	June 2022
Date Valid From:	June 2022
Date Valid To:	June 2025
Directorate / Department responsible (author/owner):	Helen Shanahan; Infant Feeding Coordinator
Contact details:	01872 253180
Brief summary of contents:	This guideline applies to all health professionals caring for healthy, newborn babies born at or above 37weeks gestation that are reluctant to breast feed. Management of these babies includes promoting and protecting breastfeeding and aims to detect and prevent any deterioration in the baby's condition.
Suggested Keywords:	Breastfeeding, reluctant, formula, expressing, breast, newborn, supplementation, colostrum, skin, feeding
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Medical Directors
Approval route for consultation and ratification:	Neonatal Audit and Guidelines Group
General Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming approval by	Caroline Amukusana

Information Category	Detailed Information
specialty and care group management meetings:	
Links to key external standards:	UNICEF – Baby Friendly Initiative CNST 5.5
Related Documents:	• NICE (20015) CG 37 Postnatal care: Routine postnatal care of women and their babies • DeCarvalho M.D. et al (1983) Effect of frequent breastfeeding on early milk production and infant weight gain Pediatrics 72: 307-11 • Mayo E. (2004) Breastfeeding is natural… isn't it? New Digest 26 April 2004: 14-15
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical/ Newborn Care

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
10 Jun 08	V1.0	Initial Issue	Helen Shanahan, Infant Feeding Co-ordinator
1 Sep 09	V2.0	Amendment of initial timing criteria	Helen Shanahan, Infant Feeding Co-ordinator
2nd May 13	V2.1	Addition of EIA, governance and monitoring documents.	Helen Shanahan, Infant Feeding Co-ordinator
1st May 2014	V2.2	Minor changes to reflect new UNICEF standards. Appendix 3 with definition of jitteriness and advice for staff to give to mothers	Helen Shanahan, Infant Feeding Co-ordinator
7th April 2016	V2.3	Minor changes to update latest guidance and to include artificial feeding	Helen Shanahan, Infant Feeding Coordinator
5th April 2017	V2.3	Wording changed from cold baby to temperature below 36.6	Sarah-Jane Pedler Practice Development Midwife

Date	Version Number	Summary of Changes	Changes Made by
3rd March 2019	V3.0	Algorithm font reduced to enable single page double-sided handout	Helen Shanahan, Infant Feeding Coordinator
27 Jan 2020	V3.1	Gender inclusive language applied throughout Flow chart simplified for ease of clinical use Wording simplified and clarified Links made to relevant Guidelines Supportive of Transitional Care provision	Janey Ashton Infant Feeding Coordinator
June 2022	V4.0	Section 2.8 added to guidance regarding tongue tie assessment for readmitted babies. Use of the word demand updated to responsively in the flowchart summary. Section 1.3 updated to indicate that the advice of the Infant Feeding or Neonatal Teams should be sought for babies under 37 weeks gestation.	Janey Ashton; Infant Feeding Coordinator

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Reluctance to Feed Management in Babies Born at or Over 37 Weeks Gestation Clinical Guideline V4.0
Directorate and service area:	Neonatal
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Neonatal Audit and Guidelines Group
Contact details:	01872 253462

Information Category	Detailed Information
1. **Policy Aim - Who is the Policy aimed at?** (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This guideline applies to all health professionals caring for healthy, newborn babies born at or over 37weeks gestation that are reluctant to feed in the first few days of life.
2. **Policy Objectives**	Safe, evidence-based management of healthy, new-born babies reluctant to feed Management of these babies includes promoting and protecting breastfeeding and aims to detect and prevent any deterioration in the baby's condition.
3. **Policy Intended Outcomes**	Promotion and protection of breastfeeding, reduction in numbers of women who stop breastfeeding within the first week.
4. **How will you measure each outcome?**	UNICEF audit tool

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Newborn Babies and their parents
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Neonatal Audit and Guidelines Group
6c. What was the outcome of the consultation?	Approved- 22 June 2022
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: no**

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	All pregnant persons
Sex (male or female)	No	All pregnant persons
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	All pregnant persons
Race	No	All pregnant persons
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	All pregnant persons
Religion or belief	No	All pregnant persons

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	All pregnant persons
Pregnancy and maternity	No	All pregnant persons
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	All pregnant persons

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Neonatal audit and Guidelines Group

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis