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Royal Cornwall Hospitals
NHS Trust



Breastfeeding Care Plan
- (to be used in conjunction with RCHT Core Care Plan for Nutrition, Hydration and Growth.)



Care Plan commencement date:	Care Plan completion date:
Problem	
Baby has not yet established responsive breastfeeding either due to prematurity or due to condition at delivery.	
Goals	
<ul style="list-style-type: none"> • For baby to initiate breast or breastmilk feeding as gestation and/or condition allows. • Enable mothers and/or fathers/carers to have unrestricted access to their baby to maintain a close and loving relationship. • For the mother to be supported in her breastfeeding journey; from initiating expression and milk supply to fully breastfeeding and are supported to do so safely. • For the baby to achieve adequate weight gain. 	
Other individual goals	Sign, Designation Date and Time
Interventions	Sign, Designation Date and Time
<ul style="list-style-type: none"> • Ensure that mother and baby are supported to have regular and prolonged skin to skin care and discuss how this helps stimulate her milk supply and to get breastfeeding off to a good start. Ensure the mother receives a colostrum pack on admission, this can be sent with the partner/midwife so expressing can be commenced as soon as possible. • Demonstrate and support mums to hand express, ensuring that she expresses within 2 hours of delivery (providing condition allows), enable, encourage, support and advise 8-10 expressions a day, including at least one overnight (between 1am and 5am). • Expressing assessments need to be completed at least four times in 2 weeks. Discussion with mothers' should take place daily and a record of this discussion logged on the continuation sheet in order to document the mothers journey. Offer an expressing log if needed by the mother. • Provide parents with information on how to recognise when their baby is displaying cues to feed. Ensure family have realistic expectations of when a premature or sick baby will be ready to try to feed at the breast for the first time by discussing feeding development. Encourage parents to put the baby to the breast regularly and to give nasogastric tube feeds while the baby is attempting to breastfeed in order to develop positive association between breastfeeding and having a full tummy. • Discuss the need for to follow the baby's feeding cues and giving alternate breastfeeds/tube feeds initially whilst their baby is learning to feed, in order to promote rest and growth/weight gain. Demonstrate and support the mother with the basic principles of positioning and attachment when baby is ready to feed. 	



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Interventions cont...			Sign, Designation Date and Time
<ul style="list-style-type: none"> • If the baby is showing signs of wanting to feed, a breastfeed should always first be offered if possible. • Support the family to understand responsive feeding, including recognition of feeding cues, attachment and positioning and signs that the baby is feeding well. Reassure that breastfeeding is also a means of calming and comforting their baby. • Discuss how showing cues to breastfeed more regularly can be a sign of the baby growing, give information on why and how a mother’s milk supply responds to baby’s cues to feed and how long a typical ‘growth spurt’ might last (roughly 48 hours). • Provide relevant available breastfeeding literature and discuss them with the family, (DoH ‘Off to the best start’ booklet, Real Baby Milk ‘The Essential Guide to Feeding and Caring for your Baby, NNU Edition’ booklet, BLISS ‘Breastfeeding your premature baby’ booklet). • Provide information on follow-up support post-discharge such as peer support groups and social media groups and how to access them. • Discuss other means of support (e.g. wider family/friend support and national helplines so that the mother knows how to get support outside of normal working hours). • Ensure that the mother is shown where she can express and provide her with equipment and training of the unit’s electric pump and offer her a hand pump for her own keeping (if available/required). If possible, offer loan of electric breast pump. Discuss with the mother various ways in which to maintain milk supply, such as expressing by bedside and looking at pictures of the baby if not able to express by bedside. • Demonstrate and support parents to clean and sterilise expressing equipment effectively. • Provide information so the mother knows where and how to store her EBM both at home and on NNU safely (including correct labelling) and how to transport EBM from home to NNU. • Offer the parent(s) an opportunity to complete the NGT competency pack and administer NGT feeds themselves, thus creating the possibility of earlier discharge with outreach support if necessary. Repeat the offer throughout the baby’s stay if parent(s) have declined at first, in case they have changed their minds. • Discuss the concept and importance of rooming-in as the baby’s feeding can help guide the approach to discharge from NNU. The baby needs to be feeding well and effectively for 48hrs, prior to removal of nasogastric tube, however if self-removed only replace if necessary. If being discharged with NGT, then the baby needs to be feeding 50/50. • Ensure that the family makes an informed choice when using a dummy for non-nutritive sucking. Ensuring that they are aware that its use can interfere with responsive feeding and can have an effect on milk supply. <p>NutritionGroup/NNU/Feb2017</p>			
Other individual interventions			Sign, Designation Date and Time
Care Plan activated by	Sign Print Designation	Care Plan shared with parents	Sign Print Designation