

CPP0443 Appendix 3 - Breastfeeding Assessment - Baby with >8 % weight loss after 48 hours of age
Complete feeding assessment with mother to increase her understanding of breastfeeding establishment.

- If most ticks are on the left side, breastfeeding is probably going well and discharge home with a feeding plan and next day follow up is indicated.
- If most ticks are on the right side, further assessment, a feeding plan and consider delaying discharge home is indicated

Reassuring signs	✓	Signs that further assessment and breastfeeding support is required	✓
No maternal medical issues identified		Maternal diabetes, BMI >30, polycystic ovary syndrome, hypothyroidism.	
Noticeable breast enlargement during pregnancy		Lack of noticeable breast enlargement during pregnancy, hypoplastic breast tissue, previous breast reduction or augmentation	
Spontaneous labour, elective LUSCS		Induction or augmentation of labour, long labour, emergency LUSCS	
Baby is GREATER than 37 COMPLETED weeks gestation at birth		Baby is LESS than 37 COMPLETED weeks gestation at birth	
Birth weight is GREATER than 2500 gm		Birth weight or current weight is LESS than 2500 gm	
No significant nipple variations		Nipple variations causing difficulty with attaching	
Baby is alert and showing feeding cues at least 6-8 times in the past 24 hours		Baby is sleepy or lethargic and needs to be woken up for most feeds in the past 24 hours	
Mother is responding to baby's feeding cues		Mother is not responding to baby's feeding cues	
Baby maintains good breast attachment through most feeds.		Baby is having difficulty maintaining good attachment to one or both breasts.	
Baby sucks rhythmically and strongly and swallowing is heard.		Baby's sucking is irregular and/or weak with little or no swallowing heard	
Most breastfeeds last at least 5-10 minutes		Most breastfeeds last LESS than 5-10 minutes.	
Baby seems satisfied and settled after most breastfeeds		Baby does not seem satisfied or settled after most breastfeeds	
Nipples feel comfortable or only slightly tender and appear normal after breastfeeds.		Nipples are painful and/or damaged or look misshapen after breastfeeds	
At least 2-3 wet disposable nappies in the past 24 hours, pale coloured urine, urates may be present.		Less than 2-3 wet disposable nappies in the past 24 hours and the urine is dark in colour.	
At least 1 transitional stool in the past 24 hours.		Less than 1 stool in the past 24 hours and meconium stools persist.	
No or slight jaundice, under phototherapy range.		Jaundice above or borderline phototherapy range	
Vital signs normal.		Vital signs not normal	
Mucous membranes moist.		Dry mucous membranes	
No medical or anatomical problems identified e.g. tongue-tie.		Medical or anatomical problems identified e.g. tongue-tie	
No birth trauma.		Birth trauma e.g. bruising, cephalhaematoma	
No (or only brief) mother baby separation since birth.		Mother and baby separated > 24 hours since birth	
Domcare able to visit next day if discharged		Domcare unable to visit next day if discharged	

<p>Factors known to increase normal physiological weight loss, which should also be considered during assessment</p>	<p>Other maternal risk factors for excessive weight loss to consider during assessment:</p>
<ul style="list-style-type: none"> • Caesarian birth (normal to lose more weight) • Long labour • Maternal IV fluids in excess of 2.5 litres may contribute to excess fluid loss in the newborn • Early infant diuresis – indicated by more than 1-2 wet nappies in first 24 hours (associated with excess maternal fluid intake during labour) • Birth weight > 4.0 kg • Female baby 	<ul style="list-style-type: none"> • Primiparity • Adolescent mother or mother older than 40 years • History of previous breastfeeding problems such as low supply • Induction and augmentation of labour • Maternal medications in labour • Postpartum haemorrhage • Poor social support • Mental health issues • Maternal conditions listed in table above

Adapted from The Early Breastfeeding Screening Form, p 296, Wagner, CL and Purohit DM (1999) Clinics in Perinatology, Vol 26, no 2, Philadelphia: WB Saunders Company (Ref EBSF 2006) Breastfeeding Observation Aid. UNICEF/WHO Breastfeeding Promotion and Support in a Baby-Friendly Hospital – 20 hour Course 2009 With thanks to: Lorraine O' Hagan National Maternity Hospital, Dublin, Ireland

Using the Newborn Weight Tracker (NEWT)

- NEWT may assist with decision making regarding newborn weight loss IN CONJUNCTION with assessment as above.
- NEWT must be used prior to any decision involving formula supplementation for weight loss concerns

- Open up the icon on PN ward desktops.
- Enter details as prompted – ensure you select Vaginal or Caesarean birth
- Review the generated chart (which can be printed) - the lower down on the centile lines the weight is, the more vulnerable the baby is for further weight loss.
- If the weight loss is on the 90th centile or above, and your assessment is predominantly reassuring, weight loss is likely to be normal for the baby.
- Feeding plan (written or verbal) and next day follow up is recommended for any baby discharged home with more than 8% weight loss.

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