

**Pathway for term breastfed babies not back to birth weight**  
 For use with guidelines 'Prevention and management of faltering weight gain in breastfed babies'

Routine care of the breastfed baby and those not back to birth weight

Universal Plus = UP  
 Universal Partnership Plus = UPP

Primary birth visit  
 10-14 days  
 As per Healthy Child Programme  
[Healthy Child Programme: Pregnancy](#)

Complete breastfeeding assessment on page 29a of the personal child health record.  
[Breastfeeding Assessment Tools - Baby Friendly Initiative](#)  
 Check weight if not completed by midwife on day 10 (plot recording on centile chart in pencil).  
<http://www.rcpch.ac.uk/s>

Back to birth weight

Not back to birth weight

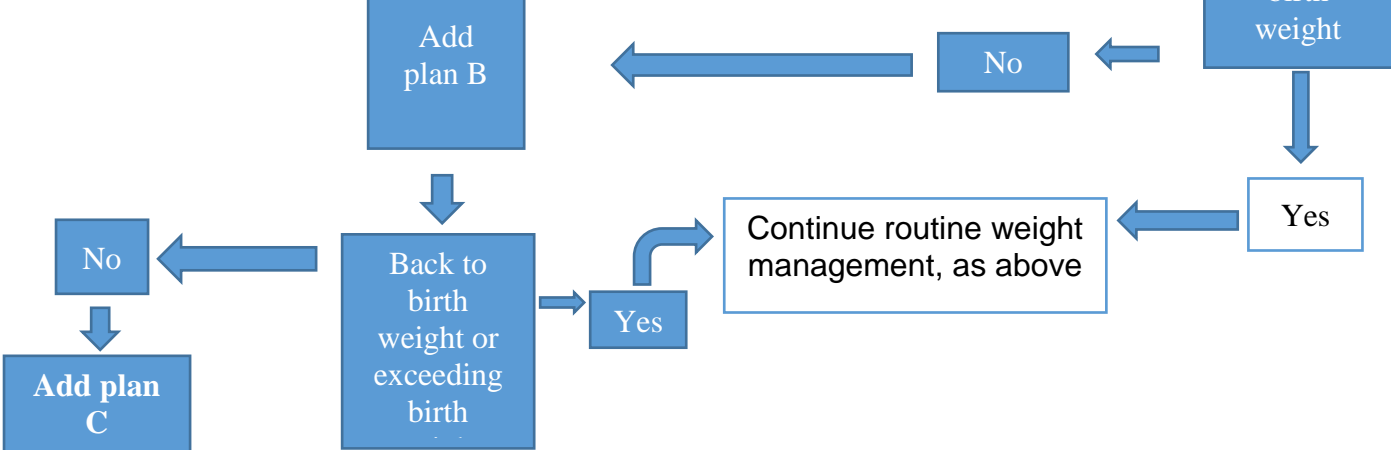
Continue routine weight management  
[Early years - UK-WHO growth charts and resources | RCPCH](#)  
[Maternal and child nutrition | Guidance and guidelines | NICE](#)

**N.B. IF CONCERNS ARISE AT ANY TIME REVIEW AND RE-ASSESS FOR REFERRAL TO THE GP or discuss with the on call paediatric registrar depending on level of concern bleep via 01793 604020**

Implement plan A

**Consider throughout:** Maternal and neonatal risk factors such as maternal gestational diabetes, intrauterine growth retardation, prematurity. Self-weigh guidance, infant feeding policy, safeguarding guidelines, CONI, Early Help Record, maternal mental health, supervision and documentation. Explain, debrief, emotional support for parents.

Back to birth weight or exceeding birth weight



## Plan A.

### Assessment

- Complete a breastfeeding assessment (form located in the child's personal health record p.29a) and observe a full breastfeed where possible. Consider additional signs of poor milk transfer, dehydration, illness.

Tone	Vomiting
Alertness	Pale stools
Sunken/bulging anterior fontanelle	Jaundice
Dry mucous membrane	Oral thrush
Absence of tears	Tongue tie
	Any other concerns

- Consider current and historical maternal and neonatal health history.
- View Newborn check or 6-8 week GP review.
- Check Newborn blood spot result.
- Ensure baby is not too hot (over-wrapped /overdressed).
- Assess for possible tongue tie using BTAT assessment and refer to ENT for further assessment if the score is 5 or below  
[file:///N:\Education\ED\\_HV\Infant%20feeding%20policy%20and%20guidelines%20and%20referrals\GWH%20Tongue%20Tie%20Pathway%202016.docx](file:///N:\Education\ED_HV\Infant%20feeding%20policy%20and%20guidelines%20and%20referrals\GWH%20Tongue%20Tie%20Pathway%202016.docx).
- Explore any personal, family or social barriers to responsive breastfeeding.
- If using a dummy explore the issues in relation to missed feeding cues.

### Action

- Ensure the mother is aware of feeding cues and is feeding responsively [Responsive Feeding Infosheet - Baby Friendly Initiative](#).
- Explain the technique of hand expression and the benefit of this in increasing milk supply [Hand expression video - Baby Friendly Initiative](#).
- Recommend skin to skin contact to encourage hormonal response and responsive feeding.
- Liaise with NCT breastfeeding counsellor and peer support at Breastmates [Breastfeeding | Breastfeeding | Swindon Borough Council](#). Breastfeeding peer supporters are not health professionals, it is not within their role to identify health concerns or problem solve. The role of the Breastfeeding Peer Supporter is available on the HV N Drive Infant Feeding.

Specialist Infant feeding Clinic: Cathy Gale Tel. 01793 604726 (Referral form on HV N Drive Infant Feeding), email to [cathy.gale@gwh.nhs.uk](mailto:cathy.gale@gwh.nhs.uk).  
NCT Breastfeeding Counselor Elena Rossi Tel. 07733609660  
Breastmates [Breastmates | Breastfeeding | Swindon Borough Council](#)

- Make a plan of care with the mother and partner, if present and offer advice on when to seek medical intervention.
- Review involvement Universal, Universal Plus, Universal Partnership Plus.

- Review in one week and re-weigh, review wellbeing earlier if risk factors present, see 5.1 of guidelines.
- If the baby's weight increases, continue to monitor closely and provide support until the baby is following an upward weight gain trend on at least two occasions at least 2-4 weeks apart depending on the history and risk factors.
- If there is no or minimal weight gain, move to Management Plan B.

### **Plan B**

Carry out plan A, and also:

- Express breast milk after each feed (or as often as the mother can manage) and offer to the baby by cup. Some parents will feel more confident offering expressed milk from a bottle, explain that this can impact on breastfeeding in the early weeks, but if they wish to use a bottle instead of a cup discuss paced bottle feeding.
- For sleepy babies, suggest switch feeding.
- Consider referral to the GP if the baby is not back to birth weight by 3 weeks (to identify or exclude underlying health conditions). Consider referral to the Specialist Infant Feeding Clinic
- Discuss with the mother and liaise with the GP to consider medication to increase milk supply (Domperidone). This medication is off license and should be prescribed with caution, therefore it is the decision of individual GPs as to whether they prescribe it.
- Contact the mother within 2-3 days to review.
- Reweigh the baby in 7 days.
- If there is no or minimal weight gain, move to Management Plan C.

### **Plan C**

Carry out plans A and B, and also:

- Refer to GP to exclude underlying illnesses. If organic illness is suspected a referral to the paediatric assessment unit may be appropriate and a referral to the dietician may be appropriate.
- Refer to Specialist Infant Feeding Clinic.
- Discussion regarding introducing formula feeds if expressed breastmilk is unavailable. The health visitor should only consider recommending supplementation when:
  - Measures to improve milk supply and transfer have been tried for at least 10-14 days.
  - The baby's weight gain has been static or there has been minimal increase for more than one week.
  - The baby appears dehydrated or unwell.
  - The mother and baby have been checked by the GP/paediatrician to exclude underlying illness.
- If a mother chooses to supplement with formula, where the Health Visitor does not think this is required, the Health Visitor should continue to offer information and support in order to help the mother to value any breast milk given and maximise her breast milk supply.

- Current advice on formula feeding [Guide to bottle feeding leaflet - Baby Friendly Initiative](#), [Guide for parents who formula feed - Baby Friendly Initiative](#).
- Reduce formula offered as breast milk supply increases.
- Re-assess and weigh in one week after starting formula feeds unless advised otherwise by a medical practitioner.
- Continue to monitor closely and provide support until the baby is following an upward weight gain trend on at least two occasions at least 2-4 weeks apart depending on the history and risk factors. It may be worth considering contact with the parent between weight checks, which can be decided between the health professional and parents.
- Emotional support and debrief for the mother and her partner, as they may be offering formula with reluctance.
- Review in 2-4 days after introducing formula.
- Monitor weight in 1 week. Continue to monitor closely and provide support until the baby is following an upward weight gain trend on at least two occasions at least 2-4 weeks apart depending on the history and risk factors, unless advised otherwise by a medical practitioner. It may be worth considering contact with the parent between weight checks, which can be decided between the health professional and parents.
- Monitoring and assessment should continue throughout the period of supplementation, with the health visitor continuing to assess the adequacy of milk supply and the effectiveness of the baby's feeding. Once the health visitor and mother are confident that her breast milk supply is increasing, the amount of supplement should gradually be reduced, closely monitoring the baby's milk intake (i.e. appropriate number of wet nappies and stools). The transition back to exclusive breastfeeding, if this is what the mother wishes, is possible in most cases.

**If, at any time, the baby develops other concerning symptoms, immediately review and reassess for medical referral either to the GP or on-call paediatric registrar at The Great Western Hospital (GWH), depending on professional level of concern. Bleep via GWH switchboard 01793 604020.**