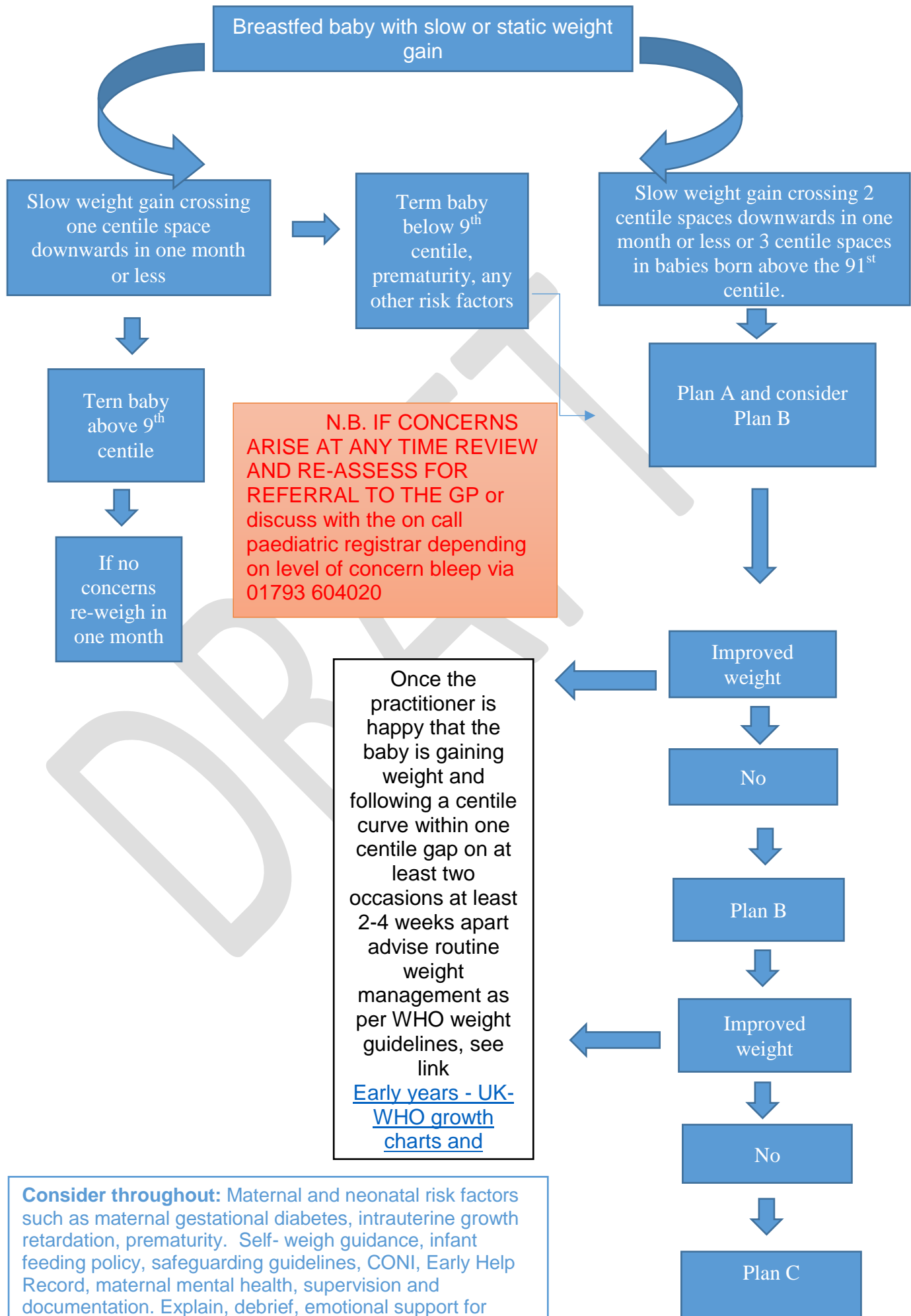


Pathway for exclusively breastfed babies up to six months with slow or static weight gain
For use with guidelines 'Prevention and management of faltering weight gain in breastfed babies'



Plan A.

Assessment

- Complete a breastfeeding assessment and observe a full breastfeed where possible. Consider signs of poor milk transfer, dehydration, illness.

Behaviour at the breast	Vomiting
Number of clear heavy wet nappies at least 6 in 24 hours	Pale stools
Reduction of stools although bowel movements can be less frequent in babies over 4-6 weeks	Absence of tears
Length of feed at the breast 5-40 minutes	Sunken/ bulging anterior fontanelle
Deep rhythmic sucking and swallowing	Jaundice
Frequency of feeds 8-12 in 24 hours	Oral thrush
Maternal comfort i.e. sore nipples	Tongue tie
Nipple shape	Dry mucous membrane
	Reduced tone
	Reduced alertness
	Any other concerns

- Consider current and historical maternal and neonatal health history and risk factors see 5.1 of guidelines.
- View Newborn check or 6-8 week GP review.
- Check Newborn blood spot result.
- Ensure baby is not too hot (over-wrapped /over-dressed).
- Assess for possible tongue tie using BTAT assessment and refer to ENT for further assessment if the score is 5 or below
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- 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 that 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 and it is not within their role to identify health concerns or problem solve. Health professionals should be aware of the role of the Breastfeeding Peer Supporter (See 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.
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 or less and re-weigh in one to two weeks depending on wellbeing and risk factors.
- If the baby's weight increases, continue to monitor closely and provide support until the baby is following a growth trend 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.
- Consider referral to the GP if the baby presents with any signs of illness or if there are maternal and/or neonatal/infant risk factors (to identify or exclude underlying health conditions). Consider referral to the Specialist Infant Feeding Clinic
- For sleepy babies, suggest switch feeding.
- Discuss with the mother and liaise with the GP to consider medication to increase milk supply (Domperidone). This medication is off-licence 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 7-14 days depending on assessment outcomes and risk factors.
- 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 until baby is following an upward weight gain trend as above.
- 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.