

Guidelines relating to weight loss in newborns

Assessment of breastfeeding – at each postnatal visit. Any abnormal findings (see table) triggers further action – Management Plan 1.		
Baby	Breasts	Breastfeeding
Jaundiced <u>and</u> sleepy or difficult to rouse for feeding	Engorgement or mastitis	Difficulty with attachment
Demanding to be fed fewer than 6 times in 24 hours and/or not sustaining an effective sucking pattern	Trauma to nipples; nipples misshapen or 'pinched' at the end of feeds	No change in sucking pattern, i.e. from initial rapid sucks to slower sucks with pauses and audible swallows
Feeding very frequently, i.e. consistently more than 12 times in 24 hours. Falling asleep at breast		Baby is 'fussy' at the breast – on and off the breast frequently during the feed, or refuses to breastfeed
Consistently feeding for longer than 45 minutes		
Unsettled after feeding		

Assessment of output – at each postnatal visit, together with ongoing monitoring by the mother. Inadequate output (i.e. less than that specified – see table) triggers weight assessment and implementation of appropriate Management Plan				
Age	Day 1 – 2	Day 3 – 4	Day 5 – 6	Day 7 – 28 and beyond**
Urine – number of wet nappies per day	1-2 or more; urates may be present*	3 or more; nappies feel heavier	5 or more	6 or more, heavy
Stools – number per day, colour, consistency	1 or more, dark green / black 'tar-like' (meconium)	2 or more, changing in colour and consistency – brown/green/yellow, becoming looser ('changing stool')	2 or more, yellow; may be quite watery	2 or more, at least size of a \$2 coin, yellow and watery, 'seedy' appearance

* Urates are normal bladder discharges in the first few days but persistent urates may indicate insufficient milk intake.

** After 28 days, baby will establish own pattern of stooling – may pass several per day or have several days gap between

Weight – at approximately 72 hours and again at 5 days, then weekly. Weight loss of 7% or more triggers further action	
Amount of weight loss	Management Plan indicated
7 – 10% of birth weight	1
10 – 12.5% of birth weight	1 + 2
> 12.5% of birth weight	1 + 2 + 3

Plan	Weight loss	Management details
1	7-10%	<ul style="list-style-type: none"> Observe a full breastfeed – ensure effective positioning and attachment, educate mother Observe for effective suckling pattern; observe for milk transfer Ensure minimum 8 feeds in 24 hours Skin contact to encourage breastfeeding Observe for change in frequency / amount of urine and stools Reweigh in 24 hours. If weight increasing, continue to monitor closely and provide support. If no or minimal weight increase, move to Management Plan 2
2	10-12.5%	<p><i>Follow Management Plan 1, plus:</i></p> <ul style="list-style-type: none"> Refer to Lactation Consultant, Paediatrician For sleepy babies, offer breast compressions throughout feed Express breastmilk after each feed and offer to baby by supply line, finger feed or cup or mothers own preference Assess issues specific to mother, obtain a comprehensive maternal history Weigh again in 24 hours. If no or minimal weight increase, move to Management Plan 3
3	> 12.5%	<ul style="list-style-type: none"> Refer to maternity unit for review by Paediatrician and Lactation Consultant <p><i>Follow Management Plan 2, plus:</i></p> <ul style="list-style-type: none"> Blood tests – U&Es, SBR, septic screen, urine microscopy Frequent breastfeeds and expressing, using hospital grade breast pump Carry out investigations* to determine ongoing care. This may include formula feeds by SNS cup or intravenous fluids, if breastfeeding is ineffective or EBM is unavailable Reduce formula offered as breastmilk supply increases. Weigh again in 24 hours. Continue to monitor weight twice weekly until clear trend towards birth weight demonstrated

*In order to ensure safety, a serum sodium level in excess of 150mmol/l, when found together with a clinical picture of weight loss in excess of 12-13% and diminished urine and stool output – with or without jaundice – indicates a need for supplementation

Adapted from West Middlesex hospital guidelines.