

BREAST/CHEST FEEDING ASSESSMENT IN THE FIRST 14 DAYS

ALWAYS

- Take a feeding history and assess for risk factors.
- Assess baby's weight, output and behaviour.
- Observation of a feed is essential to evaluate mother/parent and baby.

If < 7% weight loss and appropriate hydration

- Encourage responsive, cue based feeding.
- Support and refer to professional supports and community programs as needed.

If 7–10% weight loss

- Assess for active suck and swallowing at the breast/chest.
- Stimulate milk production with gentle milk expression by hand or with a pump after feeds.
- Top up the baby with parents expressed colostrum or milk.
- Provide frequent follow ups to assess milk production, infant weight and hydration.

If > 10% weight loss

- Assess the baby for signs of dehydration, or infection.
- Evaluate for position, latch, and milk transfer before the provision of supplemental feedings.
- Optimize milk supply while determining the cause of low milk supply, poor feeding, or inadequate milk transfer.
- The priority is to feed the baby – if too sleepy to latch, focus on removing milk from the breasts/chest with expression to stimulate supply, and feeding the baby with expressed milk or a substitute if insufficient milk is available.
- Monitor closely (twice weekly minimum).
- Plans may need to be adapted to protect both parental mental health and infant caloric intake.

FEEDING PRIORITIES

1

FEED THE BABY

(in order of priority)

- At breast/chest
- Parents expressed milk
- Pasteurized donor human milk (PDHM)
- Non-human milk substitute (commercial infant formula)

2

PROTECT THE MILK SUPPLY

- Hand express
- Pump

3

SUPPORT TO BREAST/CHEST FEED

- Effective feeds & milk transfer
- Self-efficacy
- Safe skin-to-skin
- Empowerment
- Normalization