POLICY

For the first 24 hours refer to Breastfeeding Guidelines for the First 24 hours (WW.06.07K). Assess infant for potential latching issues. Try to determine why the infant is not latching. Consider the infants gestational age, oral anatomy, level of jaundice, mucous, and sleepiness. Check the mother’s positioning and technique and assess both breasts and nipples.

1.0 First Twenty Four Hours

- If the infant is not latching and sucking, first assist mother to:
  - Encourage skin to skin
  - Entice the infant by expressing some colostrum and letting them smell and lick colostrum
  - Show the mother how to support the infant’s back and shoulders. Do not push or force the infant’s head on to the breast.
  - If mother’s nipples are flat or inverted, try gently rolling or pulling the nipple out
  - Try waking techniques such as sitting the infant up and rubbing their back
  - Assist mother try various breastfeeding positions:
    - skin to skin with mother reclining and infant placed between the breasts to see if the infant will find the breast on their own
    - sitting upright in the breastfeeding chair using pillows for support

- Review the pamphlet: Breastfeeding Your Baby (use latch drawings to provide a visual guide)

- If the infant still does not latch
  - Try again in 30-60 minutes
  - Ask for support from an experienced colleague
  - Show mother how to hand express after breastfeeding attempts
  - Show family how to collect and give drops of colostrum/milk by helping the infant to lick off the nipple or by using a spoon, cup, syringe or dropper
  - Support mother to attempt breastfeeding at least every 3 hours

2.0 After Twenty Four Hours

- Provide the same support as required in the first twenty four hours. Show mother how to do “hands on” pumping (See pamphlet: Breast Massage, Expression and ‘Hands on Pumping’ of Mother’s Milk (CW502))

- Show mother how to give EBM, cup feeding is encouraged when the infant is able to cup feed effectively. The infant’s clinical condition, parental choice and ability should considered when determining the most appropriate feeding method. Other alternatives include spoon (for small amounts) syringe, tube feeding at the breast, or bottle.

- Assess baby (hydration, output, jaundice, behaviour including feeding cues and satiation, weight)
  - If supplementation is medically indicated, offer additional milk (donor or formula)
  - Educate the family on the benefits and risks of donor milk and formula so that they can make an informed decision.
    - Use the BC Women’s Newborn Feeding Choice and Teaching Record (WW.06.07H) as a teaching tool for the family.

- Feeding should occur at least 8 times in 24 hours, develop a feeding plan with the parents which includes the following steps:
  - Offer breast
  - Express & pump
  - Offer EBM
  - Offer additional milk (donor or formula) if indicated by infant’s clinical condition
Breastfeeding Guidelines: Infant Cannot/Will Not Latch or Suck Consistently

- The feeding plan should not take more than 1 hour as parents will become exhausted
  - A nipple shield may be tried when indicated (e.g. baby who is eager to feed and her mother has inverted nipples – the mother should continue to express/pump to ensure that milk is removed)

3.0 Discharge

- Ensure the family is aware of signs of effective feeding
- Assess the need for ongoing hand expression/pumping
- Ensure the family understands and is comfortable with the feeding plan for the baby
- Ensure family is aware of community resources and the need for early follow-up

REFERENCES

BC Women’s Pamphlet: Breast Massage, Expression and ‘Hands on Pumping’ of Mother’s Milk (CW 502)


