

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Breastfeeding – Modified Latch Assessment Tool for Babies admitted to Neonatal Intensive Care Unit or Special Care Nursery
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<b>EXECUTIVE SPONSOR</b>	Clinical Stream Director, Women's Health and Neonatal
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<b>FUNCTIONAL GROUP(S)</b>	Women and Babies Health
<b>KEY TERMS</b>	Breastfeeding, Preterm Neonate, Modified Suck Assessment Tool, Intragastric Tube (IGT), Top Ups
<b>SUMMARY</b>	<p>This document outlines the use of the modified latch assessment tool, which is to be used for all breastfeeding infants born &lt;37 weeks gestation admitted to Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN).</p> <p>It is used to assess and document a breastfeed and to guide staff in the amount of additional milk that may be required as a top up.</p>

## COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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## Breastfeeding – Modified Latch Assessment Tool for Babies admitted to Neonatal Intensive Care Unit or Special Care Nursery

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### 1. POLICY STATEMENT

Mothers of preterm neonates can find initiating and maintaining breastfeeding difficult, consequently, they require additional assistance when breastfeeding their newborn neonates.

This procedure outlines the use of the Modified Latch Assessment Tool. The tool is for all breastfeeding neonates born <37 weeks gestation admitted to NICU or SCN. It is used to assess a breastfeed and guide staff on the amount of additional milk required as a top up feed. Suck feeding is dependent on a neonates' clinical condition, not their gestational age. Neonates will increase the number and length of feeds as they mature, and their clinical condition and endurance improves.

### 2. RESPONSIBILITIES

#### 2.1 Employees will:

- Ensure familiarity with this policy and related guidelines, clinical business rules and patient information leaflets
- Complete appropriate orientation and education packages on lactation for the premature infant and their mother and supporting breastfeeding mothers.

#### 2.2 Line Managers will:

- Ensure that staff are familiar with and adhere to the Local Health District policies and procedures.

#### 2.3 Medical staff will:

- Familiarise themselves with the procedure practised and adhere to it.

#### 2.4 Care and support to Aboriginal Women

When clinical risks are identified for an Aboriginal or Torres Strait Islander woman and her neonate, they may require additional supports. A referral to the Aboriginal Hospital Liaison Officer can be made to provide cultural support to the Aboriginal woman, and act as a third party to express the needs and concerns of the woman and her family. Refer to SESLHD guideline [SESLHDGL/088 - Comprehensive Care](#), section 5 for more information.

#### 2.5 Providing care and support to non-English speaking culturally linguistically diverse (CALD) women and babies

Support for non- English speaking culturally and linguistically diverse (CALD) families is available through cross cultural workers (weekdays, business hours) and the interpreter service. Refer to [NSW Health Policy Directive PD2017\\_044 – Interpreters – Standards Procedures for Working with Health Care Interpreters](#) for more information.

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### 3. PROCEDURE

- The Modified Latch Assessment Tool is to be used for all neonates born <37 weeks gestation admitted to NICU or SCN to assess and document a breastfeed and to guide staff in the amount of additional milk that may be required as a top up
- When assessing a breast feed staff need to take into consideration the neonates' clinical condition, feeding schedule and the mothers' established or increasing milk supply when deciding on top up amount
- This tool is most effective when mothers' milk supply is established and there is obvious breast softening after an expression
- The Modified Latch Assessment Tool and its use is to be explained to the mother, detailing its use in the assessment of their neonates' breast feed and if/or how much extra milk may be required as a top up
- The staff member will assign the relevant score, preferably from their own observation and/or after consultation with the mother. The suck score is to be documented on the Neonatal Feed Chart or the Standard Neonatal Observation Chart (SNOC)
- Scoring is carried out at each breastfeed in partnership with the mother. Each element has a possible score of 2 with a total possible score of 10.

Note: This tool may be used for late preterm and term infants admitted to NICU or SCN. For these babies, consider elements B and C to assess a feed.

#### 3.1 Scoring

**The elements to be scored are:**

##### **A) Assistance**

*Score 0:* Staff assisted – staff assist mother to position and/or attach her neonate

*Score 1:* Staff verbally guided – mother may need encouragement and reminding about positioning, and attaching her neonate onto her breast.

*Score 2:* Mother unassisted – mother positions and attaches her neonate well by herself.

##### **B) Attachment (oral muscle tone)**

*Score 0:* Baby too sleepy, or reluctant to breastfeed – no latch achieved.

*Score 1:* Baby has repeated unsuccessful attempts to attach to the breast, and/or holds nipple in mouth but doesn't maintain attachment and/or baby unable to maintain attachment for nutritive sucking *or* only non-nutritively sucks.

*Score 2:* Baby grasps breast, tongue down, lips flanged with rhythmic sucking and swallowing.

##### **C) Sucking and Swallowing (sucking efficiency and maturity)**

*Score 0:* None – no sucking nutritive or non-nutritive.

*Score 1:* Intermittent sucking with occasional swallowing – neonate achieves minimal milk transfer.

*Score 2:* Strong rhythmic sucking and/or audible swallowing. Nutritive sucking is occurring. The amount of milk the neonate obtains is determined by the strength of their suck, length

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of time spent sucking nutritively and mothers milk supply.

#### **D) Breast Drainage**

*Score 0:* No change in breast firmness/fullness

*Score 1:* Breast a little softer, not as firm

*Score 2:* Breast considerably softer following feed

Note: Some mothers don't perceive any breast change, but if neonate has been nutritively sucking and swallowing, she can be reassured that baby has been obtaining milk from the breast.

#### **E) Length of Feed**

This is time spent at the breast nutritively sucking:

*Score 0:* Fed for < 5 minutes

*Score 1:* Fed for 5 - 10 minutes

*Score 2:* Fed for >10 minutes

#### **Amount of top up required:**

Use points A to E for assessing need for top up. Add up scores that has been allocated for each. If total score is:

*Score 0-3:* give full feed by IGT

*Score 4-6:* give half the usual feed as a top up by IGT

*Score 7-10:* no extra feed required.

If mother/father are able, the top up tube feeds should be offered with baby resting on their breast or chest.

### **3.2 Staff Education:**

- Suck feeding is dependent on a neonates' clinical condition, not their gestational age. Neonates will increase the number and length of feeds as they mature, and their clinical condition and endurance improves.
- The Modified Latch Assessment Tool needs to be used in consideration with the following:
  - mothers' milk supply
  - frequency of feeds and amount of milk a neonate is due at that feed
  - if the neonate's attachment is poor or intermittent, it is unlikely they will achieve good milk transfer and the neonate will require a top up
  - if the neonate fed for < 10 mins with scores < 2 for attachment and sucking. Give full quota via IGT.
- If the neonate is still awake and showing feeding cues after feeding from the first breast, always offer the second breast prior to giving top-up.
- If the neonate is sucking non nutritively at the breast, then give IGT feed while at the breast.
- If the mother or father are available after the breastfeed attempt, offer top up IGT feeds with neonate resting on their breast or chest.

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- When the neonate is consistently scoring 8-10, consider increasing the number of breast feeds per day.
- When discussing breast softening with a mother compare it to when she is expressing, the feel of the breast prior to and after expressing. Remembering some mothers don't perceive any breast change
- Low score in an individual element can identify a need for further intervention or education.

### 3.3 Maternal Education:

- Mothers are encouraged to watch their neonates' behavioural cues when feeding
- Mothers are educated to know the difference between nutritive and non-nutritively sucking
- Mothers are encouraged to assess each breast feed and to have input into the requirement of top ups
- Mothers can be taught to score the feed if staff are not available.

## 4. DOCUMENTATION

- Standard Neonatal Observation Chart (SNOC)
- NCC Feed Chart Electronic Record for Intensive Care
- Electronic Medical Record

## 5. AUDIT

Quarterly statistics shared at SESLHD Lactation Group Meeting.

## 6. REFERENCES

- [NSW Health Policy Directive PD2017\\_044 – Interpreters – Standards Procedures for Working with Health Care Interpreters](#)
- [NSW Health Policy Directive PD2018\\_034 - Breastfeeding in NSW – Promotion, Protect and Support](#)
- [SESLHDGL/088 - Comprehensive Care](#)
- Altunas, N et al, 2015 Latch Scores and Milk Intake in Preterm and Term Infants: A prospective Comparative Study, Breastfeeding Medicine, 10,2 96-101
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**This procedure has been adapted from SGH-TSH CLIN082 Clinical Business Rule; November 2018.**

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### 7. VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
May 2020	Draft	Patty Everitt, SESLHD Lactation group and Alison Brown A/CMC Women's and Children's Clinical Stream SESLHD.
May 2020	Draft	Draft for comment period.
June 2020	Draft	Final draft endorsed by Executive Sponsor.
June 2020	Draft	Processed by Executive Services prior to submission to Clinical and Quality Council.
July 2020	1	Approved by Clinical and Quality Council. Published by Executive Services.
20 August 2025	1.1	Minor review to update language and links. Section 2.4 and 2.5 added. Reviewed by NNC CNC Patty Everitt and SESLHD Lactation group; CMC Complex Care SGH.

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### APPENDIX A – The Modified LATCH Assessment Tool

The Modified LATCH Assessment Tool				
Elements		0	1	2
A	Feeding Assistance	Nurse Assisted	Nurse Verbally Guided	Mother Unassisted
B	Attachment (oral muscle tone)	Baby too sleepy or reluctant to breastfeed No latch achieved	Baby has repeated unsuccessful attempts to attach to breast Holds nipple in mouth but doesn't maintain attachment	<ul style="list-style-type: none"> <li>Baby grasps breast</li> <li>Tongue down</li> <li>Lips flanged</li> <li>Rhythmic sucking</li> </ul>
C	Sucking and Swallowing (sucking efficiency and maturity)	None	Intermittent sucking with occasional swallowing	<ul style="list-style-type: none"> <li>Strong rhythmical sucking</li> <li>And/or audible swallowing</li> </ul>
D	Breast Drainage	No change	Breast a little softer	Breasts considerably softer following feed
E	Length of Feed	< 5 minutes	5 – 10 minutes	> 10 minutes
Use elements A to E above to determine need for top up		Score 0 – 3	Score 4 – 6	Score 7 – 10
		Give full feed (IGT)	Give half the usual feed (IGT)	No extra feed required Allow baby to feed as long as baby wants, based on clinical condition
Source: Electronic Record for Intensive Care (eRIC) NSW Health.				
<b>Scoring</b> <ul style="list-style-type: none"> <li>Scoring is carried out at each breastfeed in partnership with the mother</li> <li>Each element has a possible score of 2</li> <li>Total possible score of 10</li> <li>When baby is consistently scoring 8-10, consider increasing the number of breastfeeds per day</li> <li>Low score in an individual element can identify a need for further intervention or education</li> <li>When deciding top up amount, consider feeding schedule</li> <li>Consider maternal supply when deciding on amount of top up</li> </ul>				
<b>Notes</b> <ul style="list-style-type: none"> <li>Baby's sucking time is not limited to 10 minutes at the breast, length of feeds will increase as they mature</li> <li>Mothers are encouraged to watch the baby's behavioural cues when feeding</li> <li>Mothers are educated to know when the baby is sucking nutritively at the breast</li> <li>For mothers should offer second breast if baby still cueing for feed</li> <li><b>For late preterm and term babies, always offer the second breast</b></li> </ul>				