

WEIGHT LOSS (DAY 4-6) > 10% OF BIRTHWEIGHT IN A BREASTFED NEONATE ≥ 37 WEEKS GESTATION

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- A full term neonate, who has lost > 10% of birthweight, is supported and followed up with appropriate management
- Staff are aware of risk factors and medical history which may contribute to delayed onset of Lactogenesis II

2. PATIENT

- Neonate

3. STAFF

- Medical, midwifery and nursing staff
- Clinical Midwifery Consultant 2 (CMC2) Lactation

4. EQUIPMENT

- Neonatal scales

5. CLINICAL PRACTICE

- Weigh full term neonate on day 4-6 postpartum (bare weight)
- Obtain medical, birth and feeding history
- Take into account the hours since birth and not just the day
- Calculate weight loss from birthweight, not from a previous weight, and document in neonatal care plan and medical record
- Calculate the percentage of weight loss using the following formula:
$$\frac{\text{Weight loss (grams)}}{\text{Birthweight (grams)}} \times 100 = \% \text{ weight loss}$$

Weight loss > 10%

- Notify CMC2 Lactation
- Observe, supervise and document a full breastfeed
- Check positioning, attachment, sucking pattern and milk transfer
- Review neonatal feeding chart since birth
- Document 'Sucking Code' for each feed on neonatal care plan and neonatal medical record
- Assess the following and document in neonatal care plan and neonatal medical record:
 - physical condition
 - full oral assessment
 - age appropriate urine and stools
 - signs of dehydration and/or jaundice
- Recognise risk factors from woman's birth that may delay/interfere with Lactogenesis II
- Discuss non-feeding factors that may be related to neonatal weight loss e.g. intravenous fluids given in labour or prior to caesarean section
- Examine woman's breasts and document observations of breast changes, milk supply, nipple damage or breast surgery that may delay/interfere with Lactogenesis II
- Write a breastfeeding plan in consultation with woman +/- CMC2 Lactation
- Give a copy of the written breastfeeding plan to the woman. Place a copy in her bedside folder and document in the woman's medical record
- Educate woman how to improve lactogenesis by frequent and unrestricted breastfeeding and post-feed expressing (at least eight to ten times every 24 hours)

WEIGHT LOSS (DAY 4-6) > 10% OF BIRTHWEIGHT IN A BREASTFED NEONATE ≥ 37 WEEKS GESTATION cont'd

- Educate woman on the risks of dummy use and its effects on the establishment of breastfeeding by decreasing breast stimulation. Give woman SESLHD leaflet - Use and Care of Dummies (pacifiers)
https://www.seslhd.health.nsw.gov.au/sites/default/files/migration/Planning_and_Population_Health/Health_Promotion/Healthy_Weight/docs/breastfeeding/Breastfeeding_Dummies_SESLHD.pdf
- Educate woman on hand expressing and use of electric breast pump and provide SESLHD leaflet - Expressing and Storing Breastmilk
https://www.seslhd.health.nsw.gov.au/sites/default/files/migration/Planning_and_Population_Health/Health_Promotion/Healthy_Weight/docs/breastfeeding/Breastfeeding_Expressing_SESLHD.pdf
- Educate the woman on signs of optimal milk transfer and neonate receiving adequate hydration and calories
- Review 24 hours of feeds and accurate assessment of neonatal output
- Notify neonatal medical team and CMC2 lactation if no weight gain after 24 hours

Weight loss > 12%:

- Refer to neonatal medical team and CMC2 lactation
- Assess as per "Weight loss > 10%" above
- Consider supplementary feeding with expressed breastmilk after offering both breasts at each feed. Formula supplementation may also be required.
- Obtain written consent when formula supplementation is required, and document an acceptable medical reason as per 'Supplementary Feeding of Breastfed Neonate in the Postpartum Period' LOP
- Refer woman to the Breastfeeding Support Unit (BSU) for follow up reassessment including weighing neonate after another 48 hours
- Discourage use of galactogogues e.g. domperidone (Motilium®)
- Consider use of galactogogues only if woman's breastmilk supply is not responding to conservative management and an identified low breastmilk supply has been identified due to maternal complications e.g. postpartum haemorrhage (PPH), breast surgery, hypoplastic breasts

6. DOCUMENTATION

- Maternal Clinical Pathway
- Neonatal Care Plan
- Medical records
- Consent for Supplementary Formula Feeding of Breastfed Newborn

7. EDUCATIONAL NOTES

- Meconium and loss of excess body fluid in the form of diuresis may contribute to an initial weight loss of up to 10% of the birth weight, which is considered normal.
- Instrumental births, caesarean section, other obstetric risk factors (e.g. pre-eclampsia, diabetes, PPH, separation of woman and neonate) can lead to increased difficulty with breastfeeding initiation and delayed onset of Lactogenesis II.
- Large quantities of maternal intrapartum intravenous fluids can potentially lead to maternal breast engorgement, affect birthweight and neonatal weight loss.
- Early preventative management should include:
 - Skin-to-skin contact
 - Unrestricted breastfeeding
 - Post-feed expression of breastmilk

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- A neonate adapts to the small amounts of colostrum available in the first few days of life
- In a systematic review by Thuiler¹² the mean neonatal weight loss ranged widely among studies from 3.79% to 8.6%. The point at which most neonates have lost the most amount of weight occurs two to four days after birth.
- Healthy term neonates should not require any immediate cause for alarm in regards to minor fluctuations in weight.
- Neonatal feeding patterns are strong predictors of neonatal weight loss. Specified information should be provided to all parents highlighting the prevention and management of engorgement, interpreting feeding cues and indicators for adequate neonatal output and intake.
- Between four and seven days of age, neonatal weight loss should stabilise and the neonate should regain weight between 10-14 days of age.
- Weight fluctuations could result from stooling, urinating, feeding and maternal fluids used intrapartum. It may also be a result of inaccurate weighing procedures e.g. using different scales.
- Optimal attachment to the breast is vital to prevent the incidence of slow removal of colostrum and delayed onset of Lactogenesis II.
- Breastmilk supply can diminish after several days if breastmilk is not frequently removed from the breast.
- Early recognition of neonatal weight loss, with an appropriate feeding plan, may minimise excessive weight loss in the neonate.
- The Academy of Breastfeeding Medicine (ABM) protocol reinforces that when weight loss is of concern, the appropriate response is to investigate and address the cause, rather than to supplement with formula.
- Non-feeding factors that may be related to newborn weight loss such as a woman receiving intravenous fluids during parturition (the act of giving birth including time in labour or prior to a caesarean section) and their newborn's weight loss during the first 72 hours postpartum needs to be considered. A complete evaluation is needed, and observations of neonatal behaviour, frequency and amounts of output, and feeding behaviours should also contribute to breastfeeding assessments.

8. RELATED POLICIES/PROCEDURES/LOCAL OPERATING PROCEDURES

- NSW Ministry of Health PD2018_034 Breastfeeding in NSW: Promotion, Protection and Support
- Domperidone – NSW Health Policy Directive SESLHDPD/287, 2016
- Breastfeeding - Protection, Promotion and Support
- Breastfeeding – Delayed Onset of Lactogenesis II, Early Intervention and Management
- Breastfeeding Support Unit (BSU)
- Supplementary Feeding of Breastfed Neonate in the Postpartum Period
- Formula Feeding for a Neonate

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 5 Comprehensive Care

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**WEIGHT LOSS (DAY 4-6) > 10% OF BIRTHWEIGHT IN A BREASTFED
NEONATE ≥ 37 WEEKS GESTATION cont'd**

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REVISION & APPROVAL HISTORY

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