

Maternity Care Infant Nutrition Algorithm

Ask About History and Plan, Prenatally and Upon Hospital Admission

1. How are you planning to feed your baby?
2. What made you decide that?
3. Do you have any prior breastfeeding experience? (for multiples.)
 - B—# babies Breastfed in past?
 - P—# babies had Problems breastfeeding (specify)?
 - A—# babies that she was Able to successfully breastfeed (her opinion)?
 - L—# total Lifetime months of breastfeeding experience?

Ensure their Feeding Preference is an Informed Decision & Provide Tailored Education

1. Breastfeeding is recommended for all infants unless there is a contraindication
2. The AAP recommends breastfeeding for at least 1 year, exclusive breastfeeding for 6 months
3. If you are awake: Skin-to-Skin, Feed on cue, Keep your baby in the room with you throughout the hospital stay
4. Babies are often quite sleepy in the first 24 hours, followed by 2-3 days of wanting to eat very frequently, especially at night—this is normal!
5. Your breasts will not feel different for the first few days, but you are making concentrated breastmilk with all the nutrition your baby needs, but baby needs those drops often
6. Learn how to hand express your milk and compress your breasts during feedings to signal your body and give all your baby needs
7. You and baby should both be comfortable, keep adjusting until you achieve a deep, comfortable latch to ensure effectiveness
8. Your baby will not need anything else, and in fact, introducing formula can hurt your chances of breastfeeding. We will watch very carefully the weight, output, exam, etc. to make sure that everything is safe. The more often your baby nurses, the more signal your body gets to make more milk
9. You can get hands-on breastfeeding help anytime—call bell, bedside nurse, lactation consultants
10. Delay pacifiers or bottle nipples until breastfeeding is well-established, at least 2-3 weeks of age
11. Importance and 'How To's of hand expression

Mother says "Formula"
Record "Formula" in chart

Provide safe formula preparation education and provide a handout:
Contamination risk
Safe preparation and mixing
Limiting the amount initially
Feeding on cue
Holding baby close
Maintaining eye contact

Mother says "Both"
Record "Breastfeeding" in chart
Note: Any breastmilk feeding is classified as "Breastfeeding" for data collection purposes

Provide Education About Delaying Use of Anything Other Than Her Milk:

1. Different kind of "suck"
2. Time-sensitive signaling for "turning on" the factory
3. Supply and demand nature of breastmilk production
4. Protection from colostrum that all babies need
5. Recommend waiting at least 2-3 weeks before offering anything else unless a medical reason

Parent still plans to give some formula:
Provide Education About How to Preserve Breastfeeding (see "YES" box)

Parent is open to trying for exclusive breastfeeding

Mother says "Breastfeeding"
Record "Breastfeeding" in chart

Notify Lactation if:
<37 weeks
SGA, LGA, IDM, Teenager, First-time Breastfeeder, Previous Bad Experience, History of Bad Experience, Flat or Inverted Nipples or Soreness, Multiples, PCOS, Mom with Diabetes, Experiencing latch difficulties, mother-baby separated, or Maternal Request

NOTE: if baby is SGA or less than 37 weeks gestation by EGA or Ballard, mother should be instructed to use breast compression during feedings and hand express/spoon feed after every feeding

Breastfeeding Mother Requests Formula Algorithm

Ask More to Understand Her Concerns:

"I don't have milk yet"
"Baby is not getting enough"
"Baby is still hungry"
"I am sore"
"I don't like it"

Re-State and Validate Her Concerns:

"So, you are worried because..."
"Your concern is that..."
"I can see why you would be worried..."

Review Normal Physiology and Provide and Document Appropriate Education Points:

Stomach size, drops → ounces of milk
Risks of using formula → can lead to low supply
Feeding on cue, and days/nights mixed up, "second night"
Offering empty breast sends strong signal to make more
Baby's job is to tell mom's body that he/she is here

Ask "May I Watch a Feeding to See What He/She is Doing and if There is Some Way I Can Help?":

Is latch shallow, mom uncomfortable, are nipples sore? Is mom feeding with every cue? Is baby getting settled at the breast?

It is possible that with assistance, hand expression, and breast compression that we can help the baby feed more effectively and get more settled instead of using an artificial breastmilk substitute if we can help her achieve an effective latch.

Check:

1. Is there a 90 degree angle of jaw from nose to ear to lower jaw?
2. Are the upper and lower lips both flanged?
3. Is chin very buried and nose free?
4. Is baby's tummy firmly and squarely up against mom's body?
5. Is nipple pointed toward baby's nose?
6. Is the baby suckling deeply and effectively or falling asleep or very shallow?
7. Is there visual or audible milk transfer?
8. Does mom report that the latch is comfortable?
9. Is the nipple rounded after feeding? Not flat, or lipstick-y?

Provide assistance as needed. Notify LC if unable to achieve a deeper, more comfortable latch or breastfeeding champion on that night

Evaluate Objective Data for Medical Necessity:

1. Is the weight down more than expected from birth weight? General rules: ~3 % per day, not more than 12% ever. Note: LGA babies and babies whose moms received lots of IVF prior to delivery are expected to lose more than average
2. Is there less than one diaper per day of age in the last 24 hours?
3. Has there been >24 hours without a stool?
4. Has the baby not ever successfully breastfed and mother is unable to manually express even drops of colostrum?
5. Is baby's mouth dry to touch with no saliva?
6. Does the infant have other special needs such as hypoglycemia or prematurity or other underlying condition to consider?

If 'YES' to any of these and/or if Parents still prefer to use some formula after education/assistance:

1. Call MD/NP to discuss the situation and consider the use of formula supplementation and obtain an order
2. **Educate on the potential risks of supplementation with formula:** Early cessation, Less exclusivity, Different kind of suckling with artificial nipples, Problems with milk supply. Potential for development of cow's milk allergy
3. **Teach mom how best to preserve breastfeeding:** Keep baby skin-skin while awake, continue to put to breast with every feeding cue, use breast compression and hand expression with each feeding, pump for at least 10-15 minutes for every time the baby receives any formula to signal body that baby wants more, offer whatever she pumps to baby first, followed by a limited amount of formula (15-20mls first 24-48 hrs, 30mls 48-72 hrs, 30-45mls >72 hrs roughly) with cup, spoon, syringe

If "NO" to all of these questions:

1. Probably no medical need for formula supplementation at this time
2. Provide reassurance to family based on objective data and normal physiology
3. Evaluate continuously, at least every 12 hours, for changes in clinical status (see Evaluate Objective Data for Medical Necessity box above)