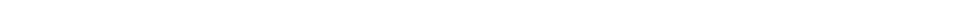


Patient Information Service

Women and children's business unit

Care of a healthy term baby reluctant to breastfeed



Introduction

Sometimes healthy, term babies may be reluctant to feed. Your baby has been identified as a 'reluctant feeder'. This leaflet is to offer you guidance in accordance with hospital guidelines in order to manage this issue and to commence and maintain effective feeding. This leaflet does not cover premature babies, or those identified as being high-risk in other ways.

How to care for a baby who is reluctant to feed:

Skin contact

- will stimulate the baby to feed
- keeps the baby warm
- regulates heart rate and breathing
- stimulates hormonal responses necessary for feeding
- encourages bonding which helps baby's brain development
- facilitates breastfeeding as your baby is close.

Expressing breast milk

If you wish to breastfeed and/or provide breast milk for your baby and baby is not feeding at the breast, try to express eight times in 24 hours, at least one between midnight and 6.00am (as Prolactin the hormone that assists milk production is highest at night, therefore expressing during this period will help in ensuring a good milk supply). In practice this means expressing frequently during the day maybe two to three hourly and ensuring that there is no more than six hours between expressions.

- Colostrum is a complete food for your baby and staff will teach you how to hand express your colostrum in the first few days.

As colostrum comes in small amounts in the first few days it is easier to obtain by hand expression than by breast pump

- Staff will also provide a breast pump (usually after 24 hours, or when the volume of your breast milk has increased) during your stay in hospital and discuss with you safe storage of your breast milk while in hospital and at home.

Responsive feeding

It is important to respond to your baby's feeding cues, this will work better if you and your baby stay together as much as possible. Responsive feeding means feeding whenever he is awake and showing interest in feeding and allowing him to feed for as long as he wishes. It is the reciprocal relationship between mother and baby, where the mother responds to baby's cues but also allows the mother to offer the breast when she wishes to feed her baby.

Baby's feeding cues are:

- being restless and wakeful
- making small noises
- movements of his mouth
- smacking of his lips
- sucking his fist
- 'rooting'
- turning his head towards the breast when held.

Responding to these early cues makes baby feel secure so they cry less. Crying is a late sign, generally because the subtle feeding cues have been missed. Remember it is always appropriate to offer your baby the breast.

We recommend avoiding the use of dummies as this can lead to feeding cues being missed.

How can staff support you and your baby?

- They will assess your baby at least three hourly to ensure your baby is well and will carry out and document observations
- Staff will offer to help with positioning and attachment of your baby at the breast. They may suggest alternative feeding positions which can be tried to encourage baby to feed and still be comfortable for you, eg the laid-back 'nurturing' feeding position
- Staff will ensure your baby receives milk by feeding cup, syringe or a naso-gastric tube if necessary until breastfeeding is established
- A paediatrician will assess baby if there are concerns or if baby is not effectively feeding by 36 hours of age.

If your baby requires short term formula supplements for a clinical reason, it is still possible to continue breastfeeding while baby needs the supplement. Giving your baby expressed breast milk (EBM) will reduce the amounts of formula required during this period. Expressing your breast milk frequently will help protect your lactation and aid return to full breastfeeding.

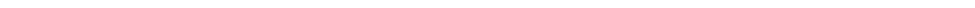
Please discuss any concerns with the staff.

Breastfeeding helplines

Start4life	0300 123 1021
Or text phone	0300 123 1054
National Breastfeeding helpline	0300 100 0212
NCT helpline	0300 330 0700
La Leche League helpline	0345 120 2918

The Breastfeeding Network (BfN) helplines:

BfN supporterline run by mums who have breastfed their own babies	0300 100 0210
BfN supporterline in Bengali and Sylheti	0300 456 2421
Breastfeeding support in Tamil, Telugu and Hindi	0300 330 5469
Drugs in breast milk helpline	0844 412 4665



Patient Information Service

If this leaflet does not answer all of your questions, or if you have any other concerns please contact the **infant feeding advisor** on: **01702 435555 ext 7296**. At weekends and outside the hours of 8.30am to 4.30pm Monday to Friday please call your community midwife or MB2 postnatal ward on **01702 385130**.

www.southend.nhs.uk

For a translated, large print or audio tape version of this document please contact:

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