



CLINICAL PRACTICE GUIDELINE

# Weight Loss Beyond 10% of Birth Weight

This document should be read in conjunction with the [Disclaimer](#)

## Aims

- To avoid undetected illness of baby
- To avoid hypernatraemic dehydration related to delay in onset of lactation<sup>1,2</sup>
- To minimise further weight loss
- To implement strategies which will result in the establishment of lactation and the infant gaining weight appropriately<sup>3</sup>

## Procedure IN HOSPITAL

1. Review by Paediatric Consultant to exclude any medical conditions.
2. Review by Lactation Consultant or experienced midwife to assess positioning and feeding.
3. Commence variance sheet MR 425.06
4. Offer breast feed - both sides twice - every 2-3 hours
5. Express breasts post feed. Double pump until milk flow slows/stops, then single pump each breast using breast compression to assist letdown. If minimal amounts are obtained, express between feeds instead.
6. Offer expressed breast milk (EBM) following each feed. Ask the mother to choose her preferred method of feeding i.e. finger feed or bottle.
7. Weigh the baby daily- 24 hrs apart.
8. Review by Paediatric Consultant, Lactation Consultant/experienced midwife to assess the mother's lactation and feeding plan every 24 hours:
  - Until the baby has gained at least 30g on two consecutive days and
  - weight loss is no longer >10% of birth weight.
9. Only a Paediatric Consultant, Senior Registrar or the mother may request formula to be given.

## Discharge Planning


1. Hire electric breast pump.
2. Follow-up with the Visiting Midwifery Service until the Breastfeeding Centre appointment.

## Procedure Visiting Midwifery Service

1. Visiting Midwife reports >10% weight loss to paediatric registrar by telephone, including vital signs, hydration, colour, activity and oral anatomy examination
2. Infants weighing less than 2500 grams must be reviewed at the Emergency Centre by paediatric registrar or consultant.
3. Midwife is to commence a variance sheet MR425.06
4. Refer the woman to the Breastfeeding Centre and arrange electric breast pump loan.
5. Continue to review the weight until there are 2 consecutive weight gains of 30g per day or more and weight is not >10% less than the birth weight.

### References

1. Oddie, S J. et al. Severe neonatal hypernatraemia: a population based study. **Archives of Diseases in Childhood** Fetal Neonatal Edition 2013
2. Van Dommelen P, Van Wouwe J, Bruning-Boers J, et al. Reference Chart for relative weight changes to detect hypernatraemia dehydration. **Archive of Disease in Childhood**. 2007;92:490-4.
3. NHMRC. **Infant feeding Guidelines** Information for Health Workers Canberra. Australia. Government Publishing Service 2012

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