



## CLINICAL PRACTICE GUIDELINE

# Breastfeeding-The First Feed

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

### Aim

- To assist mothers and babies in achieving successful breastfeeding.
- To nurture the woman's confidence and ability to breastfeed <sup>2</sup>.

### Strategies to be implemented at the birth: Applies to healthy term infants, regardless of the mode of birth, to facilitate breastfeeding

- Maintain uninterrupted skin-to-skin contact following birth until the baby has breastfed. The instinct to suck is especially strong soon after birth and it can establish a pattern for future feeds. When possible, the infant should be allowed to root and latch on spontaneously within the first hour of life <sup>1</sup>.
- Encourage the mother to observe for feeding cues:
  - rapid eye movements
  - mouthing
  - rooting
  - hand to mouth movements
- Delay cephalo-caudal checks, weighing, bathing or passing the infant around until after the first feed if possible <sup>1</sup>.
- Offer encouragement, reassurance and give guidance if necessary.
- After an initial alert period some infants become sleepy for the next 24 hours or so. This may be due to the birth experience and/or maternal analgesic during labour.
- Some infants may take a few days to become interested in feeding. Until that happens, the colostrum/breast milk needs to be expressed and given to the baby regularly.

### Commencement of a sleepy newborn variance form

Commence the 'MR261.12 New-born Infant – Breastfeeding Minor Variance to CS and Vaginal Birth Pathways' form if baby remains sleepy and is not breastfeeding effectively.

### Strategies to Overcome the Lack of Interest in Breastfeeding

- If the baby does not show interest in suckling during the first few hours of birth:

- Reassure the mother that, given time, the baby will usually become interested, but this may take a few hours longer
  - Avoid excessive handling of the baby by anyone other than the mother
  - Keep the baby close to their mother, preferably skin to skin to stimulate natural breastfeeding reflexes of rooting and suckling <sup>1</sup>.
  - Teach the mother to offer breast when the baby demonstrates cues to feed
  - Commence variance MR261.12 Sleepy Newborn Infant.
- Show the mother how to express colostrum by hand and how to use the electric breast pump. Offer the EBM to the baby at least every 3 hours until the baby is ready to latch and feed effectively.
  - Explain to the mother the reason for offering alternative methods of feeding the baby colostrum e.g. from finger or cup.
  - Encourage the mother to offer breast every 2-3 hours and continue to express if the baby is not interested<sup>2</sup>.
- Note: if by 12 hours the baby is not suckling effectively at the breast, request review by the paediatrician to assess the baby's well-being.**
- Continue to offer breastfeeds at least every 3 hours. If unable to suck effectively, give colostrum <sup>2</sup>.
- Note: the amount of colostrum will increase gradually with frequent expression.**
- If the baby is still unable to suckle, arrange for paediatric review and refer to the Breastfeeding Centre prior to discharge.
  - Provide the mother with a full explanation of how to finger or cup feed according to her preference. Inform the mother why teats are best avoided in early lactation. If the mother chooses to give colostrum/expressed breast milk via a bottle, use a slow flow teat <sup>2</sup>.

## References and resources

1. Phillips Raylene. The Sacred Hour: Uninterrupted Skin –to-Skin Contact Immediately After Birth. *Newborn & Infant Nursing Reviews* 13 (2013) 67-72
2. ABM Clinical Protocol #3: Supplementary Feedings in the Healthy Term Breastfed Neonate, Revised 2017

## Related policies

## Related WNHS policies, procedures and guidelines

Keywords:	Breast Feeding, first feed,		
Document owner:	Obstetrics Gynaecology and Imaging Directorate (OGID)		
Author / Reviewer:	O&G Evidence Based Clinical Guidelines		
Date first issued:	05/2003		
Last reviewed:	03/08/2017	Next review date:	03/08/2017
Endorsed by:	MSMSC	Date:	22/08/2017
Standards Applicable:	NSQHS Standards: 1  Governance, 9  Clinical Deterioration,		
<b>Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from the WNHS website.</b>			