

TOOLKIT FOR BREASTFEEDING MANAGEMENT

A Guide to Best Practice for the Latching Newborn

No bottles, unless every other option is deemed to be ineffective

0 - 6 hours

- ✂ Skin to skin to recognize early feeding cues
- ✂ Assess latch (nutritive sucking)
- ✂ Asymmetrical – chin hits lower part of areola first, nose should not touch the breast – tuck bottom in
- ✂ Newborn should be in a sniffing position
- ✂ Newborn is well supported

6 - 24 hours

- ✂ Assess if sucking or drinking – look for a pause in the chin (non-nutritive or nutritive suck)
- ✂ Look for pause in chin/swallowing
- ✂ Demonstrate/teach breast compressions to increase flow

24 hours and beyond

- ✂ Give parents praise, encouragement and positive reinforcement
- ✂ Discuss early feeding cues (watch the baby, not the clock)
- ✂ Discuss normal newborn behaviour, e.g. cluster feeding, stomach capacity, temporary engorgement (normalize)
- ✂ Encourage skin to skin (not just at nursing time)
- ✂ Ensure parents are aware of community resources and follow if needed, e.g. BFSS, Public Health, La Leche League

- ✂ Ensure mom attends the Breastfeeding Class to learn about how to do compressions and to learn how to recognize drinking versus not drinking
- ✂ Throughout a breastfeeding assessment, ensure no clinical signs of dehydration or hypoglycaemia
- ✂ If supplementation is required, EBM should be your first choice and no bottles
- ✂ Ensure informed consent obtained and that documentation is completed
- ✂ Ensure mom is aware of the breastfeeding video on Channel 86
- ✂ Inpatient Lactation Consultant can be reached on pager 519.220.3117