

Name:

Unit No:

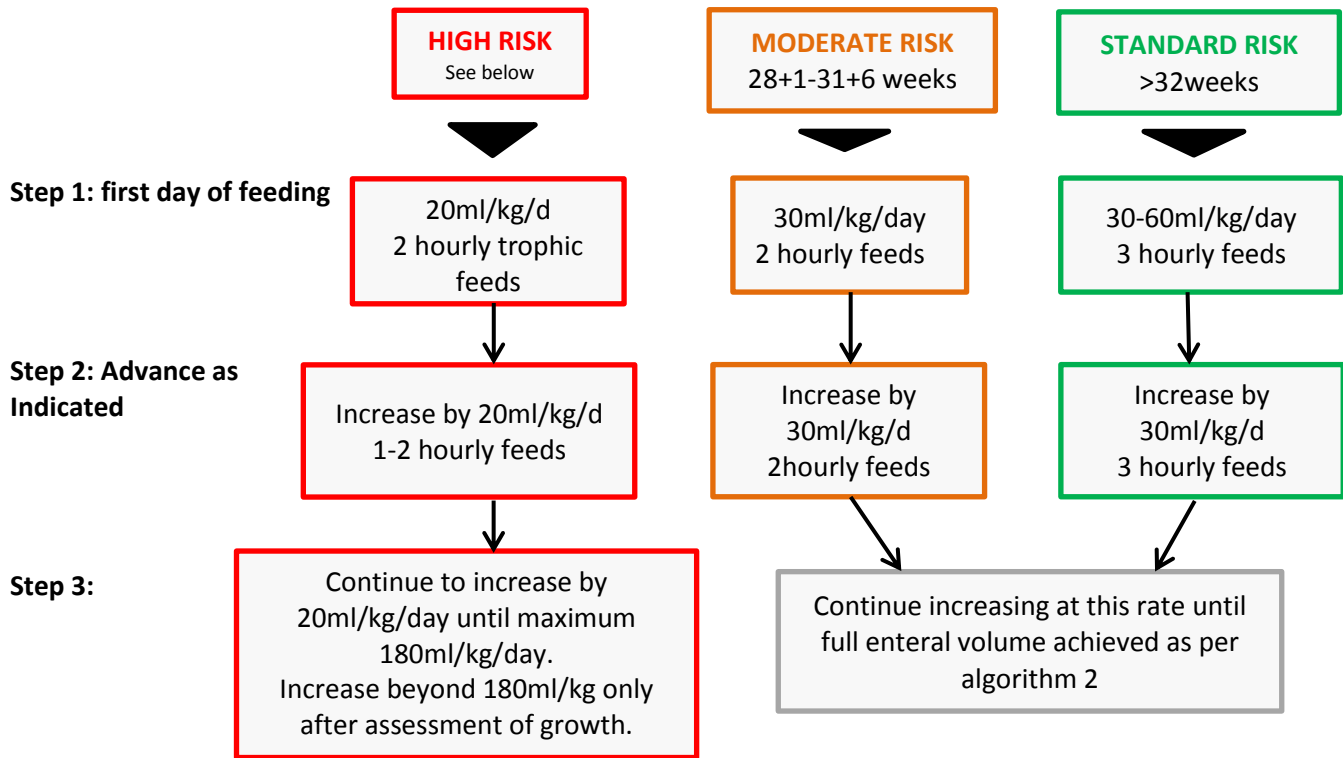
Date of Birth:

East of England Neonatal Network

Nutrition Care Pathway

Algorithm 1: Initiating and advancing feeds

- ✓ Commence feeding as close to birth as possible following clinical assessment
- ✓ Maintain trophic feeds in high risk infants only as long as clinically indicated
- ✓ Infants can move between risk categories following clinical assessment



HIGH RISK: Infants are considered high risk if they meet the following criteria below:		CAUTION: should be taken in the following infants and managed as <i>either high risk or moderate</i> at clinician's discretion.	
<28 weeks		Severe SGA (<0.4 th percentile AND > 34 weeks)	
<1000g		Preterm SGA (<2 nd percentile AND < 34 weeks)	
Unstable/hypotensive ventilated neonate		Indomethacin or ibuprofen for PDA	
Re-establishment of feeds following NEC or Gut surgery		Complex congenital cardiac disease	
Perinatal hypoxic ischemia with significant organ dysfunction		Dexamethasone treatment	
Absent/reversed end diastolic flow in infants < 34 weeks		Polycythaemic infants	

Please manage my feeding as:

HIGH RISK

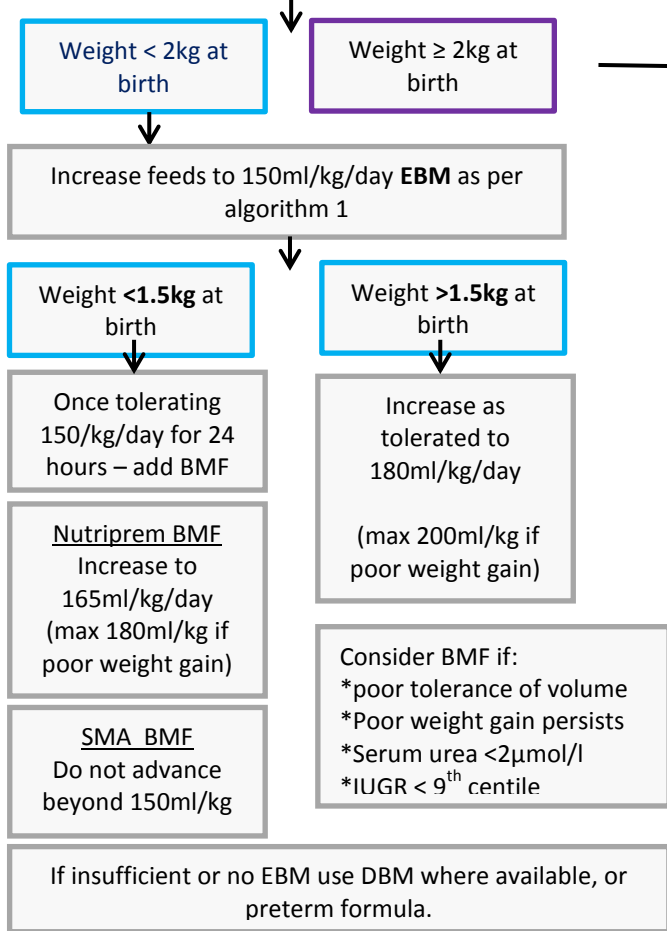
MODERATE RISK

STANDARD RISK

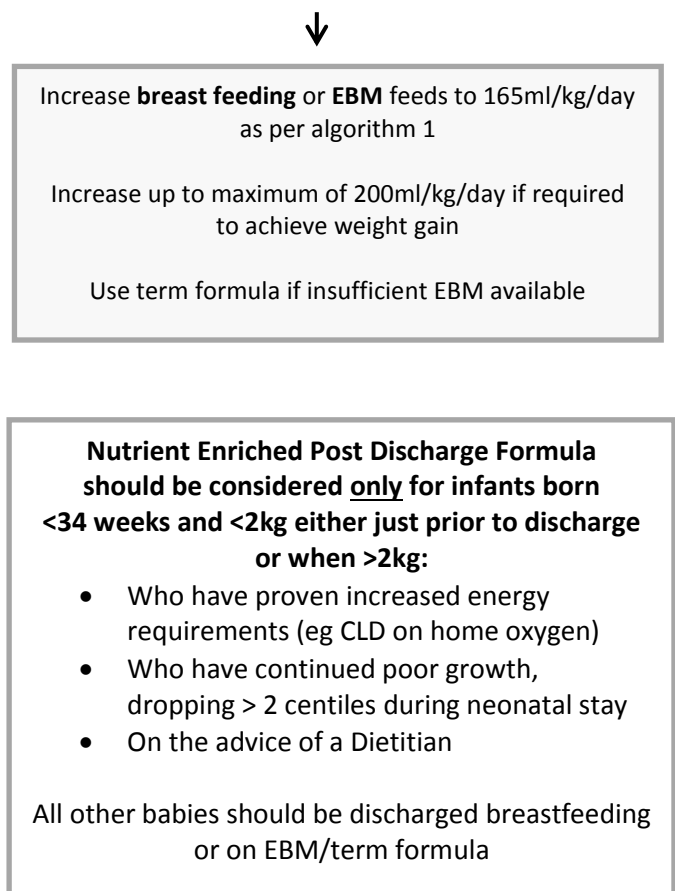
Algorithm 2: Choice of milk feed

Fresh maternal breast milk is the first choice of milk for all babies unless clearly contraindicated.

Infants ≤ 33+6 weeks gestation:



Infants ≥ 34+0 weeks gestation:



Supporting mothers to express breast milk:

To facilitate the production and maintenance of breast milk mothers of preterm and sick babies require support to:

- ✓ Understand, through discussion and provision of resources, the importance of breast milk for her baby
- ✓ Commence hand expression. Preferably within 1 hour and definitely within 6 hours of delivery
- ✓ Express 8-10 times in 24 hours and at least once between midnight and 6am, until milk supply is established
- ✓ Avoid gaps of longer than 4 hours between expressions
- ✓ Receive regular skin to skin/kangaroo care with her baby
- ✓ Produce at least 750ml/day of milk by day 10 (guide only). If < 350ml by day 10 consider referral to lactation consultant/infant feeding co-ordinator.

Expressing reviewed	Day of delivery Call to midwife within 4 hours post delivery	Day 1	Day 3	Day 5	Day 7	Day 9
Advice given and/or action taken	Benefits of breast milk discussed	Y/N				
	Supporting literature given	Y/N				
	Hand expression confirmed	Y/N				
	Time of birth					
	Time expression started.....					
Signed						

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