

Document Title:	FEEDING PRETERM AND SMALL FOR GESTATIONAL AGE INFANTS ON THE POSTNATAL WARD		
Document Reference/Register no:	08094	Version Number:	4.0
Document type: (Policy/ Guideline/ SOP)	Guideline	To be followed by: (Target Staff)	Midwives, Neonatal Nurses, Paediatricians
Ratification Issue Date: (Date document is uploaded onto the intranet)	5 th April 2019	Review Date:	4 th April 2022
Developed in response to:	Intrapartum NICE Guidelines RCOG guideline		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) CQC Fundamental Standards of Quality and Safety:	11,12		
Issuing Division/Directorate:	Women's and Children's		
Author/Contact: (Asset Administrator)	Cher Smith, Specialist Midwife Infant Feeding; Sharon Pilgrim, Advanced Neonatal Nurse Practitioner		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	<input checked="" type="checkbox"/> MEHT <input type="checkbox"/> BTUH <input type="checkbox"/> SUH		
Consultation:	(Refer to page 2)		
Approval Group / Committee(s):	n/a	Date:	n/a
Professionally Approved by: (Asset Owner)	Dr. Hassan, Neonatal Lead Consultant for Risk Management	Date:	4 th April 2019
Ratification Group(s):	DRAG Chairman's Action	Date:	5 th April 2019
Executive and Clinical Directors (Communication of minutes from Document Ratification Group)	Date: April 2019	Distribution Method:	Intranet & Website. Notified on Staff Focus

Consulted With:	Post/ Approval Committee/ Group:	Date:
Anita Rao/ Alison Cuthbertson	Clinical Director for Women's and Children's Division	25 th February 2019
Vidya Thakur	Consultant for Obstetrics	
Alison Cuthbertson	Head of Midwifery/Nursing	
Amanda Dixon	Lead Midwife Acute Inpatient Services	
Chris Berner	Lead Midwife Clinical Governance	
Angela Woolfenden	Lead Midwife Community Services	
Joyce McIntosh	Lead Nurse Neonatal Unit	
Cher Smith	Specialist Midwife Infant Feeding	2 nd April 2019
Ruth Byford / Deborah Lepley	Warner Library	7 th March 2019

Related Trust Policies (to be read in conjunction with)	04071 Policy for standard infection prevention control precautions 04072 Hand Hygiene policy 06036 Maternity Record Keeping 09128 Neonatal Hypothermia 09111 Management of Breast Feeding in the Postnatal Period 08094 Feeding pre-term babies on the postnatal ward 12025 Treatment of Neonatal Hypoglycaemia in the higher risk infant 08055 Passing a short term naso-gastric/orogastric tube on an infant 04225A Admission to the Neonatal Unit
--	--

Document Review History:			
Version No:	Authored/Reviewer:	Summary of amendments/ Record documents superseded by:	Issue Date:
1.0	Sharon Pilgrim		October 2009
2.0	Sharon Pilgrim		November 2012
3.0	Sharon Pilgrim		5 th February 2016
4.0	Sharon Pilgrim	Full Review	5 th April 2019

INDEX

1. Purpose

2. Equality Impact Assessment

3. Initial Care and Commencing of Feeds

4. Increasing Feed and Continuing Care

5. Discharge and Community Support

6. Infection Prevention

7. Staff and Training

8. Professional Midwifery Advocates

9. Audit and Monitoring

10. Guideline Management

11. Communication

12. References

13. Appendices

A. Appendix A - Feeding Regime for Postnatal Ward

B. Appendix B – Naso-gastric Tube Training Record

C. Appendix C – Preliminary Equality Analysis

D. Appendix D – Children’s Community Nursing Service Referral Form

1.0 Purpose

- 1.1 To give guidance to midwifery and medical staff in calculating enteral feeds for all preterm babies whose gestational age or corrected gestational age is more than 35 weeks or babies with a birth weight of less than 2.5 kilogrammes (kg) who are cared for on the post natal ward.
- 1.2 To ensure that the infant receives enteral feeds that allow the establishment of adequate weight gain of 15g/kg/day, minimising excessive weight loss and dehydration.
- 1.3 To give guidance on the type of milk and the rate of volume increase for preterm babies on the Postnatal Ward.

2.0 Equality Impact Assessment

- 2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to Appendix C)

3.0 Initial Care and Commencing Feeds

(Refer to Appendix A)

- 3.1 Evidence suggests that the use of breast milk in preterm and small for gestational age infants, provides protection from infection particularly necrotising enterocolitis. Mothers should be encouraged to breast feed and early feeding should be promoted. If the infant cannot effectively feed, mum should be encouraged to hand express following feeds to maximise milk supply. Expressed breast milk (EBM) will then be available for NG feeds and top-ups if required.
- 3.2 Support with breast feeding can be sought from the infant specialist midwife and the Mid Essex Breast feeding Support Service.
- 3.3 Feeds should be initiated as early as the clinical condition allows. The 1st feed should be given within 2 hours of birth and 3 hourly feed volumes should be commenced following a pre- feed blood glucose reading. If infant is unable to tolerate 3 hourly volumes reduce the feed frequency to 2 hourly
(Refer to guideline Treatment of Neonatal Hypoglycaemia in the higher risk infant; register number 12025)
- 3.4 Feed volume should be calculated as per postnatal feeding protocol and re-calculated daily.
- 3.5 A nasogastric tube (NG) should be passed if the infant is unable to complete a bottle feed, is not fixing to the breast or is not waking for feeds. Alternate sucking

and tube feeds may be required for several days. Naso-gastric top-ups may be required following breast feeds.

(Refer to guideline for Passing short term naso-gastric/orogastric tube on an infant; register number 08055)

- 3.6 Weigh the baby on days 3, 5 and every 3rd day following thereafter. Weight and head circumference should be plotted on a centile chart weekly.
- 3.7 Consult Neonatal Unit staff daily for advice if required.
- 3.8 Any infant who is not tolerating feeds, has unstable blood glucose levels or temperature, is losing weight or is handling poorly must be referred to the paediatric registrar.
(Refer to guideline Treatment of Neonatal Hypoglycaemia in the higher risk infant; register number 12025 and Admission to the Neonatal Unit; register number 04225A)
- 3.9 Prior to discharge a feeding assessment should be carried out to establish infant is maintaining an adequate feeding pattern taking into account: feeding frequency and milk volume over 24 hours. If there are concerns regarding feed intake or weight refer to a Paediatrician. Early post discharge weight checks should be arranged in the community to establish adequate weight gain is being achieved (i.e. more than or equal to 15/g/kg/day).

4.0 Increasing Feeds and Continuing Care

- 4.1 Increase by 30ml/kg/day to a maximum of 150mls/kg/day on day 4.
- 4.2 All preterm infants should be reviewed by a paediatrician/ANNP daily and a feeding plan documented in the 'Postnatal Care Record- Baby'.

5.0 Discharge and Community Support

- 5.1 Weigh before discharge – if lost more than 10% birth weight delay discharge, assess state of hydration and review fluid intake after discussion with consultant or registrar. If weight loss is more than 12% check serum sodium (due to risk of hypernatremia).
- 5.2 If a preterm infant is clinically well but still requiring some nasogastric (NG) feeds while mum fully establishes sucking feeds, they may be discharged home with support from the paediatric community nursing team. The team can be contacted by telephone and require a faxed referral sheet.
(Refer to Appendix D)
- 5.3 Ensure that parents are competent to undertake nasogastric tube feeding and have received adequate training, completing the NG tube parent training competency.
(Refer to Appendix B)

- 5.4 Ensure early Community Midwife follow-up after discharge. Discuss need for Neonatology OPD follow-up with consultant.

6.0 Infection Prevention

- 6.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after undertaking any patient contact.
- 6.2 All staff and visitors to the post natal ward must gel their hands prior to admission and remove their outside coats.
- 6.3 All staff should ensure that they follow Trust guidelines on infection control, using Aseptic Non-Touch Technique (ANTT) when carrying out procedures i.e. siting naso-gastric tubes.

7.0 Staff and Training

- 7.1 All medical and midwifery staff caring for infants on the Postnatal Ward should be aware of all aspects of the feeding protocol which will be readily available.
- 7.2 All staff on the Postnatal Ward will have training in calculating feeds volumes and will be able to assist students in acquiring the skills necessary to complete feed calculations.
- 7.3 All staff caring for infants on the Postnatal Ward will be will be able to pass a nasogastric tube.
(Refer to guideline entitled 'Passing a short term naso-gastric/orogastric tube on an infant'; register number 08055)
- 7.4 Teaching sessions on the identification of at risk neonate will be available on a monthly basis to all midwifery staff.

8.0 Professional Midwifery Advocates

- 8.1 Professional Midwifery Advocates provide a mechanism of support and guidance to women and midwives. Professional Midwifery Advocates are experienced practising midwives who have undertaken further education in order to supervise midwifery services and to advise and support midwives and women in their care choices.

9.0 Audit and Monitoring

- 9.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and

clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.

- 9.2 As a minimum the following specific requirements will be monitored:
- Age at which 1st feed given;
 - Frequency of feeds;
 - Incidence of hypoglycaemia and hypothermia;
 - That all preterm or IUGR infants have a daily review by medical staff
 - Documentation of all of the above;
 - Maternity Service's expectations in relation to staff training, as identified in the training needs analysis, for all staff who perform examinations of newborns;
 - Process for audit, multidisciplinary review of audit results and subsequent monitoring of action plans.
- 9.3 A review of a suitable sample of health records of patients to include the minimum requirements as highlighted in point 9.2 will be audited. A minimum compliance 75% is required for each requirement. Where concerns are identified more frequent audit will be undertaken.
- 9.4 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.
- 9.5 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.
- 9.6 Key findings and learning points from the audit will be submitted to the Clinical Governance Group within the integrated learning report.
- 9.7 Key findings and learning points will be disseminated to relevant staff.

10.0 Guideline Management

- 10.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.
- 10.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

11.0 Communication

- 11.1 A quarterly 'maternity newsletter' is issued and available to all staff including an update on the latest 'guidelines' information such as a list of newly approved

guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.

- 11.2 Approved guidelines are published monthly in the Trust's Focus Magazine that is sent via email to all staff.

12.0 References

Bedside Clinical Guidelines Partnership, Staffordshire, Shropshire and Black Country Neonatal Operational Delivery Network, and Southern West Midlands Operational Delivery Network (2017) Neonatal Guidelines 2017-2019.

<https://www.networks.nhs.uk/nhs-networks/staffordshire-shropshire-and-black-country-newborn/neonatal-guidelines> .

Agostoni, C et al (2010) Enteral Nutrient Supply for Preterm Infants: Commentary from European Society for Paediatric Gastroenterology, Hepatology, and Nutrition Committee on Nutrition Journal of Pediatric Gastroenterology and Nutrition; 50 (1): 85-91.

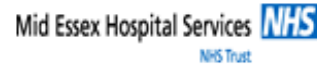
Appendix A

Feeding Regime for Postnatal Ward

Day of Age	Term SGA	GA <37 weeks
1	40mls/kg/day	60mls/kg/day
2	60mls/kg/day	90mls/kg/day
3	90mls/kg/day	120mls/kg/day
4	120mls/kg/day	150mls/kg/day
5	150mls/kg/day	150mls/kg/day

From day 5 feeds may be increased by 10mls/kg/day to a maximum of 160mls/kg/day for preterm formula or 200mls/kg/day for EBM or term formula.

- Feed every 3 hours at correct mls/kg/day this may be increased to the next day on the neonatal feeding regime i.e. from 40ml/kg day 1, to 60mls/kg to maintain blood sugars
- Should not be increased by more than one day ahead without consulting a paediatric registrar



Women's, Children and Sexual Health Directorate
 Broomfield Hospital
 NEONATAL UNIT (405)

NASO-GASTRIC TUBE TRAINING RECORD

NAME:	DOB:	HOSPITAL NO:	NHS NO:
TUBE SIZE:		LENGTH PASSED:	

Please arrange as soon as possible

**TESTING THE TUBE
 ASSESSMENT 1**

Teaching/Observed	Date:
Signature of Parent:	
Signature of Nurse:	

**SETTING UP AND GIVING FEEDS
 ASSESSMENT 1**

Teaching/Observed	Date:
Signature of Parent:	
Signature of Nurse:	

ASSESSMENT 2

Assisted Supervised	Date:
Signature of Parent:	
Signature of Nurse:	

ASSESSMENT 2

Assisted Supervised	Date:
Signature of Parent:	
Signature of Nurse:	

ASSESSMENT 1

Unsupervised	Date:
Signature of Parent:	
Signature of Nurse:	

ASSESSMENT 1

Unsupervised	Date:
Signature of Parent:	
Signature of Nurse:	

I have been given the above training and I am willing to take responsibility for this care at home

.....PARENT/CARER

NEONATAL UNIT DIRECT LINE: 01245 513050

Appendix C: Preliminary Equality Analysis

This assessment relates to: Feeding Preterm and Small for Gestational Age Infants on the Postnatal Ward (08094)

A change in a service to patients		A change to an existing policy	X	A change to the way staff work	
A new policy		Something else (please give details)			
Questions		Answers			
1. What are you proposing to change?		Full Review			
2. Why are you making this change? (What will the change achieve?)		3 year review			
3. Who benefits from this change and how?		Patients and clinicians			
4. Is anyone likely to suffer any negative impact as a result of this change? If no , please record reasons here and sign and date this assessment. If yes , please complete a full EIA.		No			
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?		Refer to pages 1 and 2			

Preliminary analysis completed by:

Name	Sharon Pilgrim	Job Title	Advanced Neonatal Nurse Practitioner	Date	February 2019
-------------	----------------	------------------	--------------------------------------	-------------	---------------

Appendix D

**CHILDREN'S COMMUNITY NURSING SERVICE
REFERRAL FORM**

Zone C, Level 3,C350, Broomfield Hospital, Court Road, Broomfield, Chelmsford CM1 7ET
☎ 01245 513008 (9-5 Monday to Friday excluding Bank Holidays)
Fax No 01245 513142

To refer patient: Complete form and send copy to CCN Service.

Name	GP
DOB	Address
Address
.....	☎
Postcode	Fax Number
☎
Alternative ☎ no	Health Visitor
Hospital No	Address
NHS No
Ethnicity	☎
Spoken Language
Parents Names	School
Siblings	School Nurse
.....
Consultant (1)	Consultant (2)
Hospital	Hospital

Diagnosis

Medication

Reason for Referral & Relevant Medical History

.....

.....

Referred by (print name)

Designation

Location Contact Number

Date