LATE PRETERM INFANT FEEDING ALGORITHM

Infant born between 35-37 weeks? Encourage skin to skin, early & often
Follow glucose screening protocol
Offer breast as soon as first feeding cues observed, by at least every 3 hours

Is infant awake?

YES

NO

*Assist mother with position and latch, football, cross cradle, laying back.
*Watch for infant swallows, visual/audible
*Do LATCH score

Use gentle methods to arouse infant, ie change diaper, rub back, talk to infant.

*Latch score <8
*Few swallows noted
*Infant feed less then 10-15 minutes
*Infant does not appear satisfied

*Latch score > 8
*No more feeding cues noted, after completion of feed
*Infant feed at least 10-15 minutes

*Lactation consultant/Physician will work with family to have feeding plan in place for home prior to discharge.
*Infant will be seen by physician within 24-48 hours after discharge
*Lactation will evaluate whether nipple shield is needed to help maintain latch and transfer milk, prior to discharge.

*Assist mother with manual expression into spoon, and give to colostrum to infant.
*If after 10 minutes of manual expression, no milk obtained, feed infant formula by alternate feeding method. +++
*Lactation consultant/physician will decide on feeding plan and advise parents of this.
*Infant will be seen by physicain withing 24-48 hours of discharge.

For ALL late preterm infants have mother manually express/pump after daytime feedings for at least 10 minutes, to empty breasts, ensure adequate milk production, and use as supplement for infant, until infant is gaining at least 1/2-1 ounce per day and has reached term.

Supplimentation guidelines:
1-24 hours offer up to 5-7 cc
24-48 hours offer 15-20 cc
48-72 hours offer 20-30 cc
After 72 hours give as much as infant desires.

+++Offer mother alternate feeding methods
 *Cup
*Spoon
*Syringe
*Finger feeding
*Supplimenter at the breast
*Bottle (should be last resort, but parents choice)

++First 5 should be short term (ie less then 1 week)