

PID:

Checklist for Milk Supply &

Progress to Oral Feeding (Breast or Bottle)

Date of Birth:

Gestation:

<u>To be completed within 2 hours of admission</u>	<u>Tick when achieved</u>	<u>Date & Signature</u>
<ol style="list-style-type: none"> 1. Has the importance of colostrum/breast milk been discussed with parents? 2. Has the Mother received a hand expressing pack? Has hand expressing technique & frequency been explained? (8+ times/24hrs incl. once at night) Has the milk-log been explained to the Mother? 3. At <u>2hrs</u>, has baby received buccal colostrum or a breastfeed? (If not, call midwife or Mother); 4. Maternal medications recorded? Medicines in breastmilk information 0121 424 7298. 		
<u>To be completed within 24 - 48 hrs post-delivery/admission</u>	<u>Tick when achieved</u>	<u>Date & Signature</u>
<ol style="list-style-type: none"> 1. Can the baby have an oral feed? (see overleaf for details); 2. Is the Mother now using a double electric breast pump? <i>Have the following been explained:</i> <ul style="list-style-type: none"> - The importance of expressing <u>8+ times/24hrs including once during night?</u> - Hand hygiene prior to expressing? - Cleaning, sterilising & storage of pump equipment on the NNU? 3. Has the Mother received a pump for home use? <ul style="list-style-type: none"> - Has she received information about cleaning her equipment & storing milk at home? 4. If Donor Milk or appropriate formula milk are suggested by medical team: <ul style="list-style-type: none"> - Have the parents given informed consent? - Has the Mother been advised to continue expressing frequently? 5. Date & sign when parents have received the following information: <ul style="list-style-type: none"> - The importance of skin to skin contact /kangaroo care & Bliss leaflet; - Positive touch & containment holding; - Using expressed milk for mouth care & analgesia; - Non-nutritive sucking during tube feeds (includes nuzzling at breast , dipping dummy in EBM); - Reading baby's behavioural cues: & Bliss leaflet: "Look at me I'm talking to you" 		
<p><u>Check milk volumes DAILY</u> (see attached sheet)</p> <p>Complete the attached chart with the Mother DAILY for the first two weeks.</p>		

<u>Daily Expressed Milk Volumes</u> <u>In MLs</u>	<u>Comments</u>	<u>Action taken:</u> document any discussion or action suggested & sign
Day 1:	Ensure hand expressing has started;	
Day 2:	Ensure expressing x8/24hrs; Incl once at night;	
Day 3:	Ensure double pumping has started; Check funnel size	
Day 4:	Inform Infant feeding nurse if volumes are not increasing every day or if c/o nipple or breast pain;	
Day 5:	Ensure expressing x8/24hrs including once at night;	
Day 6:		
Day 7:	If daily volume is <350mls/day (<700 mls day if twins) inform infant feeding nurse;	
Day 8:		
Day 9:		
Day 10:	If daily volume is < 500 mls /day (<1000 mls/day if twins) inform infant feeding nurse;	
Day 11:		
Day 12:		
Day 13:		
Day 14:	If daily volume <750 mls/day (<1300 mls/day) inform infant feeding nurse;	