

UNICEF UK BABY FRIENDLY INITIATIVE

GUIDANCE FOR PROVIDING REMOTE CARE FOR MOTHERS AND BABIES DURING THE CORONAVIRUS (COVID-19) OUTBREAK



GUIDANCE SHEET 5E (CHALLENGES): BABY SLEEPY / NOT INTERESTED IN FEEDING

Delivering Baby Friendly services at this time can be difficult. However, babies, their mothers and families deserve the very best care we can provide. This document on management of infant feeding when the baby is sleepy or not interested in feeding is part of a series of guidance sheets designed to help you provide care remotely.

THE MOTHER IS CONCERNED HER BABY IS SLEEPY/NOT INTERESTED IN FEEDING

Babies may be slow starters for a number of reasons, including sedation in labour, undiagnosed illness, traumatic birth, missed opportunity for skin-to-skin contact and familiarisation with the breast, but gentle handling and patience will help them overcome these challenges. It is important to always check for signs of illness in the baby, as there might be an unrecognised condition that prevents him from feeding. In the early days, some babies who appear to feed well in the beginning can become lethargic if there is inadequate milk transfer. Common causes include restricted access to the breast and/or ineffective attachment of the baby at the breast. Top priorities are to revisit positioning and attachment and to diagnose, manage and overcome any underlying causes, such as neonatal jaundice.

PREPARING FOR THE CONVERSATION

- Plan a mutually agreed appointment with the mother and consider using video so that you can watch a feed and see the mother and baby
- Refer to [Guidance Sheet 1](#) before you start
- Be aware that parents may be feeling vulnerable and frightened because of Covid-19, so sensitivity and active listening are important
- Take the parent's worries seriously as they can often sense when something is wrong.

USEFUL RESOURCES

- [Breastfeeding assessment tools](#) (midwives, health visitors, neonatal or mothers)
- [Bottle feeding assessment tool](#)
- [Challenge Sheet 5d: growth/weight concerns](#)
- [Unicef UK support for parents overcoming breastfeeding problems](#)
- Knitted breast and doll (if video call)

DURING THE CALL

Introduce yourself and confirm consent for the call

- Ask the mother to describe her feeding journey so far and carry out a [full feeding assessment](#), including the baby's urine and particularly **stool** output and number of breastfeeds in 24 hours – *see right*. If this is 1-2 days after birth, it is useful to know if the baby had skin-to-skin contact, self-attached and had a good first feed.
- Watch a whole feed via video (if possible) to ensure the baby is effectively attached to the breast. Revisit [positioning](#) and [attachment](#) as needed. If attachment has been ineffective for over 24 hours, [milk supply](#) may be reduced.

Offer appropriate strategies

- Encourage the mother to keep her baby close so she can recognise and respond to feeding cues, including mouth opening, turning head, seeking/rooting and sucking fists (*note: dummy use can mask feeding cues*)
- Encourage the mother to hold her baby in skin contact to stimulate the baby to attach at the breast

WET NAPPIES

Day 1-2: 1-2 or more in 24hrs

Day 3-5: should increase by 1 daily, beginning with 3 on the third day and 5 on the fifth day (should also be heavier)

Day 6+: 6 or more heavy, wet nappies in 24hrs.

STOOLS AND DIRTY NAPPIES

Day 1-2: 1 or more in 24hrs with meconium

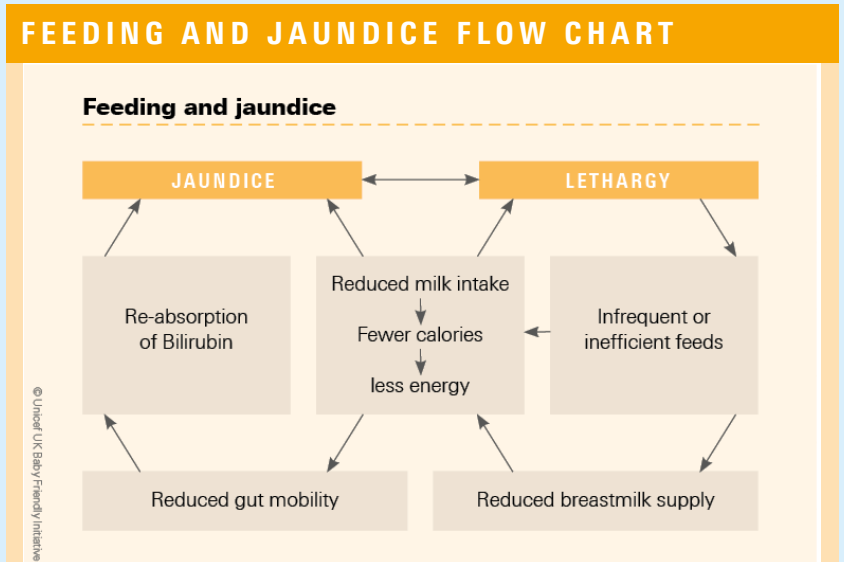
Day 3-4: at least 2 (preferably more) in 24 hours with changing stool

Day 5+: at least 2 (preferably more) soft, runny, yellow stools each day. All babies under 4-6 weeks old should have a minimum of 2 stools a day.

- Encourage the mother to feed her baby at least eight times in 24 hours – she may need to wake the baby to feed if he is not showing signs of waking three hours from the beginning of the last feed
- Milk supply and transfer of milk to the baby at the breast may be improved by [switch feeding](#) and/or [breast compressions](#)
- Ensure that the mother knows how to [express her breastmilk](#) – if the baby is too sleepy to manage feeding for long, then focus on expressing breastmilk and giving this to the baby after feeds
- Let the mother know the milk supply should be increased within 12-24 hours and that the baby should have more stamina to feed at the breast after having received expressed breastmilk.

Put into place a plan of care until the situation has improved and plan a follow up call within 24hrs

- Once the baby is feeding well, encourage the mother to continue to [monitor her breastfeeding](#) and the contents of the baby’s nappies and to contact you again if she is concerned
- The mother may need some emotional support to ensure she is confident to continue expressing and/or feeding
- If there are any concerns about the baby’s health and wellbeing (e.g. jaundice – *see flow chart*) that require an in-person review, make a referral in line with trust guidelines.



CLOSING THE CONVERSATION

- Ensure the mother knows she can carry on breastfeeding
- Ask the mother how she feels and if there is anything else she would like to know
- Offer to send her a summary of the conversation (with links to resources) and plan of care by email/text
- Inform her of what happens next
- Record the conversation and make a referral as appropriate in line with trust guidelines.

ADDITIONAL INFORMATION

- Take the parent’s worries seriously
- If the baby appears unwell, refer for a paediatric/GP assessment
- Report and record your findings in line with trust guidelines.

IF THE MOTHER HAS COVID-19

- Review with parents how to take precautions to limit the spread of [Covid-19](#) to the baby:
 - Wash hands thoroughly before and after contact with the baby
 - Routinely clean and disinfect any surfaces touched
 - Clean any infant feeding equipment, including breast pumps, in hot, soapy water and sterilise thoroughly before and after use
 - Practice respiratory hygiene, e.g. avoid coughing/sneezing on the baby during feeding and wear a face mask or suitable alternative if available.
- If a breastfeeding mother is feeling unwell, continuing to breastfeed rather than expressing may be easier and less stressful during this time. Alternatively, she may prefer for someone who is well to feed expressed breastmilk to the baby.
- If a baby is being bottle fed with infant formula or expressed milk, wash equipment in hot, soapy water and sterilise carefully before each use.
- If the mother is too unwell to breastfeed/express, she may be supported to when well enough. Consider using donor milk if available or applicable.