

Management of the healthy term baby in the first 24–48 hours

- Individualise the care of each woman and baby according to clinical circumstances
- Applies to healthy term babies without risk factors for, or clinical signs of hypoglycaemia

Baby has not fed

- By 2 hours post birth **or**
- For 6 to 8 hours since last feed in first 24 hours of life (once only) **or**
- For 5 hours since last feed if more than 24 hours old

- Review baby**
- History
 - Health records
 - Output
 - Clinical assessment including NEWT (temperature, heart rate, respiration and colour)
- Review maternal history**
- Medical, surgical, pregnancy and breastfeeding
 - Substance use
 - Intrapartum record (mode of birth, Apgars)
 - Postpartum assessment (clinical pathway, feeding)

Assess baby

Concerns identified?

Yes

- Waking strategies**
- Initiate skin to skin contact
 - Temporarily remove wraps
 - Change nappy
 - Gently massage arms, legs, back
 - Observe for feeding cues

Implement waking strategies with woman

No

Attempt breastfeed

Breastfeed successful?

Yes

No

Give EBM

- EBM unavailable?**
- Discuss options with mother, midwife and MO/NNP
 - Develop feeding plan

Yes

Baby took EBM?

No

- Best practice**
- Provide EBM prior to any infant formula

- Ongoing care**
- Assess breastfeeding
 - Initiate waking strategies as required
 - Monitor output/feeding patterns
 - Support mother to express as required
 - Refer as clinically indicated
 - Document progress

- Review and consider**
- MO or NNP review
 - Monitoring BGL
 - Support for expressing
 - Giving EBM
 - Continuing waking strategies
 - Developing/documenting a feeding plan
 - Seeking expert advice (e.g. from lactation consultant)

EBM: expressed breast milk; **BGL:** blood glucose level; **MO:** medical officer; **NEWT:** neonatal early warning tool; **NNP:** neonatal nurse practitioner

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