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
  - No

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

- **Attempt breastfeed**

- **Breastfeed successful?**
  - Yes
  - No

- **Give EBM**

- **Baby took EBM?**
  - Yes
  - No

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

- **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

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