

**Low weight gain Case Study**  
**(20 minutes – 4 minutes per page)**

**Birth**

- 32 year G1P1
- Mom is overweight with a BMI of 40
- Gestational diabetes developed during pregnancy, diet controlled
- Planned C-section for large infant
- Mother received epidural
- Healthy baby girl Katherine, born via C-section, at 38 weeks
- Infant birth weight 4400g
- Baby unable to be placed skin-to-skin following C-section as infant taking to NIOU for observation for hypoglycemia (low blood sugar), glucose supplement was given in NIOU
- Infant was 6 hours old before mom was able to hold infant skin to skin and attempt to breastfeed

**What's your best guess as to breastfeeding challenges that may result from this birth?**

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- Epidural anesthesia has been found to significantly predict breastfeeding cessation (in Baby Friendly as well as non Baby Friendly Hospitals, and in mothers who breastfed previously).
- Not enough time skin-to-skin to show behavioural feeding sequence, infant may be past the “alert phase” following birth
- Infant given glucose supplement instead of being offered colostrum.
- Large infant- perception that infant requires increased quantity with feeds
- NIOU time for assessment of infant disrupted mom/babe bonding
- Milk may be delayed coming in following a C-section rather than vaginal delivery
- Infant difficult to wake

## **Low weight gain supply Case Study**

### **12-24 hours**

- 12 hours old, not latching well, infant sleepy at the breast
- Mom needs lots of help to latch baby on as infant appear “uninterested in feeding”
- Suck assessment showed that baby does not always suckle in a coordinated way
- Mother complaining of nipple soreness as baby tend to have a shallow latch
- Mother is finding it difficult to get into a comfortable position to nurse baby d/t her incision pain
- Baby has had 4 short feeds in the first 24 hour after being returned to Mom
- Baby sleepy on the breast
- Latch-R score L-1, A-0, T-2, C-1, H-0, R-0 (see separate pages describing Latch-R)
- Lots of visitors have held baby.
- Baby started waking around 20 hours of age, Showing more interest at the breast
- Baby voided 4 times and had 3 tarry meconium stools
- Blood sugars have been acceptable

**What changes would you make to the feeding plan?**

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### **What changes would you make to the feeding plan?**

- Increase skin-to-skin. Discuss safety re STS positioning
- Instruct re hand expression and feed baby colostrum in a spoon (expect to see drops – 5 mL for tiny tummy)
- Instruct re hunger signs so that baby comes to the breast during signs of early hunger, and increases time at breast
- Observe and teach re positioning and deeper latch to improve effectiveness of milk transfer, offer suggestions for positions allowing less pressure on abdominal incision
- Review normal breastfeeding frequency and behavior in the first few hours and days.
- Use modified lanolin for nipple soreness and drops of breast milk.

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### **24-48 hours**

- Baby has lost 5.6% of birth weight at 24 hours
- Mother has sore nipples both sides but feels that lanolin cream is helping
- 2 meconium stools, 1 wet diaper
- Sleepy baby needs to be woken but mom can help encourage baby with a drop or 2 of colostrum on her nipple
- Hand expressing 0.5ml of colostrum after every feeding, given to baby via teaspoon
- SBS have all been within normal range
- Latch-R score L-2, A-1, T-2, C-1, H-1, R-1 (see separate pages describing Latch-R)
- Mom is exhausted
- Dad is present and willing to help

**What changes would you make to the feeding plan?**

## **Low weight gain supply Case Study**

### **What changes would you make to the feeding plan?**

- Encourage skin-to-skin
- Watch that mother is responding to early hunger signs so that baby comes to the breast during signs of early hunger, and increases time at breast
- Baby to feed at least 8 times/24 hours
- Observe and reinforce positioning and latch to improve effectiveness of milk transfer
- Instruct re breast compressions to increase milk availability
- Continue with hand expression hand expression and feed baby colostrum
- Encourage use of football hold and laid back nursing positions

## **Low weight gain supply Case Study**

### **48-72 hours**

- Baby has lost 8.9% of birth weight at 48 hours,
- Mother feels nipples both sides feel much better
- Deeper latch on both breasts, waking on own to feed every 2 to 3 hours
- Breasts are soft but EBM is easier to express
- Baby is more active at the breast, nutritive sucking with swallows, suck is much more organized
- 3 wet diapers, and 2 transitional stools
- Mother is very tired, feeling much more confident about using a variety of positioning while feeding baby. Incision pain is under control with SAM.
- Latch-R score L-2, A-2, T-2, C-1, H-2, R-2 (see separate pages describing Latch-R)

**Discharge? Or Keep for an Extra Day to monitor for weight loss/gain?**

**Does a Discharge on Friday make a difference to your recommendation?**

**What changes would you make to the discharge feeding plan?**

## **Low weight gain supply Case Study**

### **What changes would you make to the discharge feeding plan?**

- Encourage skin-to-skin
- Emphasize nursing during the early hunger signs
- Infant continues to lose weight- mom may be concerned and wanting to add a formula supplement- education re: impact on breastfeeding, supply and demand, importance of hand expression
- Continue to hand expression and feed baby colostrum breast milk in a med cup or shot glass. Milk volume should continue to increase
- If supplementation is recommended: 15 – 30 mL for tiny and growing tummy)
- Ensure baby is waking and feeding at least 8 times every 24 hours
- Ensure latch is deep and comfortable
- Watch and listen for swallowing: teach parents how to recognize nutritive suckling
- Offer both breasts with every feeding, use breast compressions to increase milk transfer
- Teaching re co-sleeping etc. (See Care Map)
- Discharge teaching to include feeding plan and warning signs
- Priority Postpartum Form



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### **72 hours**

- Community Health Contact (A.M. phone call, P.M. visit)
- Baby girl 72 hours old, latch continues to improve
- Weight loss 9.2% at 80 hours of age
- Physical exam of mother and baby unremarkable
- Mother's right and left nipples are tender but intact
- Milk supply has increased as evidenced by firm but not engorged breasts, leaking
- Breasts are softer after feedings
- 5 wet Diapers, 4 green/yellow poops in the last 24 hours.
- Baby breastfeeding every 1.5-3 hours few hours during the day, cluster feeding during the evening prior, fed three times the night before. Mother has not had much time to rest.
- Latch-R score L-2, A-2, T-2, C-2, H-2, R-2 (see separate pages describing Latch-R)

**What changes would you make to the at-home feeding plan?**

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### **What changes would you make to the at-home feeding plan?**

- Encourage skin-to-skin
- Emphasize nursing during the early hunger signs
- Continue with hand expression and feed baby colostrum in a cup for two more days Mom will be able to stop expressing if the baby's weight starts improving
- Supplement if not latching with 30 – 60 mL via cup for tiny and growing tummy).
- Infant content after feeds
- Make appointment with mother weigh baby in two days
- Teaching re hunger cues, breast compression, cluster feeds

## **Low weight gain Case Study**

### **The rest of the story – Day 6**

Baby gained 132g. Baby has been fully breastfeeding with every feeding. She has refused any EBM from the cup/teaspoon since yesterday. Baby is waking well on her own at least every 1.5-2.5 hours with cluster feeding for a period of time in the evening. She has been voiding and stooling adequately for age. Mom is still tired and being encouraged to sleep when baby sleeps. Mom is pleased that baby is gaining well, has appointment with pediatrician in 1 week.

### **Additional questions:**

1. What impact could giving the baby an oral glucose supplement have on initiation of breastfeeding?
2. What if the mother had been unable to express enough colostrum to wake and feed the baby? How much formula would you give at 12, 24 and 48 hours?
3. What impact could gestational diabetes have on this breastfeeding mother?
4. What if the mother was uncertain about exclusive breastfeeding? What would you tell her?