

STEP EIGHT

RESPONSIVE FEEDING

Support mothers to recognise and respond to their infants' cues for feeding..

HIPANGA 8

Me tautoko ngā whaea kia rongō rātou kia urupare hoki ki ngā tangi ā rātou kōhungahunga mō te kai.

Review date: November 2024

Te Whatu Ora Waitaha Canterbury commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding policy, at each review.

PURPOSE

To ensure that māmā and whānau are educated to recognise and respond to both feeding and behavioural cues, supporting both nurturing relationships and parental confidence

RESPONSIBILITY

The breastfeeding policy and guidelines are applicable to all Te Whatu Ora Waitaha employees working within maternity facilities and the Neonatal Service including visiting health professionals and students.

GUIDELINE

Responsive feeding (sometimes called cue-based, baby-led or demand feeding) helps māmā and whānau learn about the normal feeding needs of her well pēpi by observation. This is supportive of both sufficient intake for pēpi, and adequate breast stimulation to initiate and establish lactation.

Whānau staying the night ([Message from your Pēpi](#) (Ref.2406399) or [Support Person Overnight Stay in a Te Whatu Ora Waitaha Maternity Unit](#) (Ref.2401391 (6360))) supports recognition of feeding cues and responsive feeding practices on maternity ward.

Responsive feeding will be encouraged for all maternity ward pēpi unless a specific, alternative feeding plan is clinically indicated.

Scheduled or time-restricted feeding **is not recommended** for well pēpi.

All māmā will be taught how to recognize the early feeding cues of pēpi and advised to feed their pēpi, in their chosen method, when they recognise these cues. This education will be supported by the Baby Feeding Cues (signs) posters in all maternity facilities, and Mama Aroha Reference Cards provided in all maternity rooms.

NEONATAL

There are guidelines to safely introduce modified responsive feeding (known also as semi-demand or cue-based feeding up to 4 hours) on the pathway to full oral feeding for pēpi who are neurological immature and/or recovering from illness and are progressing in regard to breastfeeding.

EARLY FEEDING CUES

- Sucking movements
- Sucking sounds
- Rapid eye movements
- Hand-to-mouth movements
- Soft cooing or sighing sounds

Māmā will be educated that missing early cues may result in:

- An agitated and crying pēpi – this is a late cue
- More difficulty in latching
- A pēpi who may tire quickly and feed poorly
- A pēpi who may fall asleep and so miss a feed
- A more agitated māmā and therefore less relaxed during feeding

All health professionals working with well, term pēpi will:

- Provide mama and her whanau with a breastfeeding plan appropriate to their situation
- Facilitate unrestricted breastfeeding (at least 8 times (and often more frequently) per 24 hours on average for the newborn)
- Not restrict length or frequency of feeding, providing the pēpi is breastfeeding effectively
- Document in māmā and pēpi clinical notes
- Review the infant feeding record **at least** once every shift (or 8 hourly)
- Be able to use and teach settling techniques when a pēpi is unsettled

Māmā and her whānau will receive information that:

- Responsive feeding refers not only to the frequency of feeds but also to their duration
- Allowing the well pēpi to finish the first breast stimulates lactation
- Responsive feeding ensures that the pēpi ingests the higher fat content breastmilk as the breast empties
- The second breast is offered when the well pēpi lets go of the first breast
- Persistent, prolonged episodes of feeding may mean that attachment is ineffective – skilled help is indicated
- Māmā can initiate feeds (wake pēpi for breastfeeds) eg. if her breasts are full. This can help prevent breastfeeding complications, eg. engorgement or blocked ducts
- Skin-to-skin contact, hand expression and breast/nipple stimulation are valuable as a means of encouraging milk production if pēpi is feeding infrequently

FOR A PĒPI WITH FEEDING CONCERNS

All pēpi in maternity facilities with feeding concerns who are not feeding adequately should be discussed with the LMC, Associate Charge Midwife Manager or Lactation Consultant and an individualised feeding care plan developed and implemented.

Māmā and her whanau will be provided with a breastfeeding plan appropriate to their own situation. Information within these plans will support māmā and whānau to:

- Recognise normal infant feeding behaviour and therefore be empowered to recognise deviations from normal
- Acknowledge that some pēpi are not able to effectively feed responsively as a newborn and will need encouragement to feed
- Learn how to encourage a pēpi to feed
- Use breast compressions effectively

If a minimum frequency of feeds needs to be imposed while a pēpi is small, weak or unwell, staff should ensure that māmā understands:

- That feeding may need to be assisted, ie. through use of a nasogastric tube or other appropriate feeding device
- The reason if any time scheduling is recommended
- That a pēpi transitioning to breastfeeding may show cues earlier than the scheduled time and she will be guided by staff to respond to this – more frequent feeds may be required
- Her pēpi may have an uncoordinated suck-swallow-breathe feeding pattern until feeding becomes effective
- Responsive feeding when able, is the ultimate aim

This is particularly important in Neonatal Services, where a pēpi may need to follow a scheduled pattern of feeds for several weeks before modified responsive/responsive feeding is possible. The referral criteria to the feeding team for feeding assessment ([Ref.2310304](#)) provides a developmentally supportive framework that facilitates progress towards full oral feeding. All pēpi in this situation will have an individualised feeding plan made in conjunction with the CNS Infant Feeding, CNS Lactation and feeding resource nurse.

AUDIT

Audit of practices within the maternity facility and the Neonatal Services is crucial to ensuring high standards of care for māmā and pēpi. Methods will include audits of rooms for feeding cues posters and interview of māmā (with consent).

Issued: November 2021

Review date: November 2024

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Step 8: Responsive Feeding
Breastfeeding/Chestfeeding Guidelines
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