



BREASTFEEDING PROTOCOL FOR GASTROSCHISIS STUDY

Kamuzu Central Hospital

PRIOR TO ARRIVAL AT KCH

From delivery to attendance at KCH - trophic breastfeeding (maximum 5 minutes per feed, 8 hourly) is allowed as part of kangaroo mother care. Alternatively baby may suckle on clean gauze soaked in breastmilk. Nasogastric (NG) tube is in situ and on free drainage.

WHEN SILO IS ON – give 1ml expressed breastmilk (EBM) 8 hourly orally via a syringe. EBM lollipops (EBM on gauze for baby to suck) can be used to sooth baby in between. Assist the mother with expressing regularly (every 2-3 hours) to maintain milk supply. NG tube is on free drainage with 4 hourly aspiration and ml for ml replacement of all losses with Ringer's lactate. Breastmilk volume is in addition to maintenance fluid requirements during this time.

FOLLOWING SILO REMOVAL & ABDOMINAL WALL CLOSURE

Day 0 - The day of closure, continue with NG on free drainage, 4 hourly aspiration and 1ml EBM 8 hourly.

Day 1 - Start breastfeeding 5 minutes, 8 hourly - keep NG on free drainage.

Day 2 - Clamp NG. Continue breastfeeding 5 minutes, 8 hourly.

(If unable to breastfeed, give 3mls/kg EBM, 8 hourly)

Day 3 - If tolerated increase breastfeeding to 5 minutes, 6 hourly.

(If unable to breastfeed, give 5mls/kg EBM, 6 hourly).

Day 4 - If tolerated increase breastfeeding to 10 minutes, 6 hourly. (Reduce Astymin by half = 18ml/kg/day)

(If unable to breastfeed, give 10mls/kg EBM, 6 hourly).

Day 5 - If tolerated increase breastfeeding to 10 minutes, 4 hourly.

(If unable to breastfeed, give 10mls/kg EBM, 4 hourly).

Day 6 - If tolerated increase breastfeeding to 15 minutes, 4 hourly. (Stop Astymin)

(If unable to breastfeed, give 12.5mls/kg EBM, 4 hourly).

Day 7 - If tolerated increase breastfeeding to 20 minutes, 2 hourly = full enteral feeding.

(If unable to breastfeed, give 12.5mls/kg EBM, 2 hourly).

*Reduce IV fluid maintenance volume by 20ml/kg/day as breastfeeding increases

NOTES

Bile stained aspirate or abdominal distension is not an indication to stop feed.

Single vomit – do not stop feed. Multiple vomits – revert to regime of previous day.

Nurse the neonate with their head/ chest slightly up in an inclined incubator or cot.

If the baby spikes a temperature/ becomes unwell - doctor to assess baby urgently.

Establishing breastfeeding will have some expected individual variance, but the aim is to establish breastfeeding as soon as possible to optimise chances of survival.