Rotation Specific Entities	
BMC	Black binder in work room contains all clinical practice guidelines/approaches
BWH	All clinical practice guidelines are available online via BWH PikeNotes

Gestational Age

Early Preterm*	Late Preterm**	Early Term	Full Term	Late Term	Postterm
< 34 0/7	34 0/7 - 36 6/7	37 0/7 - 38 6/7	39 0/7 - 40 6/7	41 0/7 - 41 6/7	42 0/7 +

* Use Fenton growth chart for late preterm. If between 37 0/7 and 37 6/7, chart on Fenton, Olsen and WHO and take better number.

** **"Great pretenders"** - ↑ risk of resp distress, apnea, temp. dysregulation, poor feeding.

Normal Infant Feeding

- All babies typically lose up to 2-3% of BW/day, no more than 10-12% down from BW before discharge. Babies born by c-section may lose more weight than vaginal births (Mom and therefore baby get IV fluids during delivery). Usually start gaining on DOL4. Baby should regain BW by 10-14 days and should gain 20-30g/day for first month, or 5 oz per week ("an ounce a day and time off for weekends").
- Babies usually awake for first 5-6 hrs and then sleepy for 24 hrs. Start waking up on DOL2 and are hungry. Sometimes if baby is not getting enough with feeds, shuts down and appears sleepy.

Breastfeeding

Newborns who are **breastfed need to eat every 2-3 hours,** on demand. If showing hunger cues, feed. It's never too soon. No such thing as newborn "using mother as a pacifier." Cluster feeding (at breast for several hours) happens on Day 2-3, as baby tries to get milk to come in. Mother tired and frustrated. Baby hungry and frustrated. Parents need reassurance that this is NORMAL.

Breastfeeding Tips	• Respond to **infant feeding cues** (early → late: stirring, turning head, mouth opening, hand in mouth, stretching, crying). Skin-to-skin contact to encourage milk production (milk usually come in in 3-5 days). Hand expression especially for colostrum. Can feed to baby via spoon or syringe. Hand-express milk if engorged.

Normal Infant Feeding

Breastfeeding

Breastfeeding Tips cont.

- **Infant latch**: Line up baby nose to nipple. Stroke baby lips with nipple. Aim nipple to roof of baby's mouth. Support baby's neck at the shoulders so head tips back and b**ring baby onto breast (not breast to baby).**
  - Signs of a good latch: lips flanged outward, **most of areola hidden** in mouth, nose free.
  - Breast milk can sit out 8h if freshly pumped, or 5 days in refrigerator.
- For determining if mom's meds are safe during breastfeeding: **LactMed** (part of NIH ToxNet), **Hale's Medications & Mother's Milk** (physical book in BMC workroom or HalesMeds.com. Physical book in BWH nursery)

Contraindications to breastfeeding

Absolute: infant w/galactosemia, mom w/**HIV** or HTLV-1/2, mom actively using **illicit drugs, including marijuana or EtOH** (exception: moms in methadone program, see "NAS"), HSV lesion on breast. OK to feed expressed milk: mom w/varicella or active Tb.

Mothers can hand express and/or pump to stimulate milk production. Holding baby skin to skin also stimulates because of hormone release. Expressed breast milk can sit out 8h if freshly expressed, or 5 days in refrigerator.

Formula Feeding

- Formula fed babies eat **every 3-4 hours** (if sleeps > 4 hours, wake baby up). Infant stomach is size of a blueberry on DOL1 → apricot at DOL7. Volume increases gradually over first several days. DOL1: 10-15 mL per feed, DOL2: 15-30 mL/feed; DOL3: 30-45 mL/feed, DOL4: 45-60 mL/feed. Give baby what last took and if not settled, feed more. Follow baby's cues.
- Formula, in 60 mL bottles as supplied by hospital, needs to be consumed within 1 hour of starting the feed and then discarded.

Tongue Ties

Type	Exam	Image	Mgmt
Normal	• Tongue appears flat and broad • Tongue extends over bottom teeth • Can swipe finger under tongue uninterrupted	N/A	N/A
Type I: Mild	Posterior tie on tongue, may be submucosal	N/A	Generally nothing

Feeding continued on next page →