

Transitioning to direct feeding at breast

What is transitioning to direct feeding at breast?

Transitioning to direct feeding at the breast is the progression from enteral feeding to effective milk transfer directly from the breast.

This transition may begin with skin-to-skin contact, progressing to offering the infant the opportunity for non-nutritive sucking (NNS) and tasting milk at an emptied breast. As the infant matures, they can then move towards nutritive-sucking (NS) at the breast. This allows the infant to gradually learn the sucking dynamics of breastfeeding.¹⁻³

Why is transitioning to direct feeding at breast important?

Positive breastfeeding experiences in the NICU are foundational to continued success after discharge.⁴

Premature infants who had their first oral feeding experience directly at the breast have longer and more sustained durations of breast milk feedings while in the NICU.⁵

Monitoring at-breast experiences (NNS and NS) enables healthcare professionals to provide tailored guidance and care. As infants begin nutritive sucking, test-weighing can be used to objectively evaluate milk transfer. These practices support the progression to exclusive direct feeding at the breast.^{1-3, 5-7}

How to implement?

Develop / revise protocols that:

- | | | |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Support regular NNS and the progression to NS as soon as physiologically appropriate | <input type="checkbox"/> Enable mothers to visit the NICU in order to: | <input type="checkbox"/> Endorse test-weighing as a validated measure of milk transfer volumes during at-breast feeding |
| <input type="checkbox"/> Ensure NNS and NS events are recorded and assessed as part of standard practice | <input type="checkbox"/> Facilitate skin-to-skin contact | <input type="checkbox"/> Specify that actual milk volume ingested (through test-weighing) is documented in medical records |
| | <input type="checkbox"/> Increase opportunities for NNS and NS | <input type="checkbox"/> Facilitate regular staff education on infant-driven (cue-based) feeding and competencies related to test-weighing |
| | <input type="checkbox"/> Receive specialised support | |
| | <input type="checkbox"/> Support early and frequent milk expression for mothers to initiate and build their milk supply | |

How to audit?

Strategies to measure best practice (for mothers intending to breastfeed) include auditing:

- Percentage of infants performing their first oral feed at the breast.
- Percentage of at-breast feeds that have milk transfer validated by test-weighing.
- Percentage of infants breastfed \geq once per day for 7 days prior to discharge, and \geq 6 times daily for 48 hours prior to discharge.

Auditing records on a monthly basis:

- Highlights recent progress and can enhance motivation within the organisation to continue with quality improvement measures.
- Shows where changes are still required and allows for timely implementation of further education to staff for continuous improvements in clinical practice.
- Allows barriers to be identified and addressed.