How we work with families at RCH when growth and feeding fall off the ledge

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Who we are - MCH@RCH

- Lily Gordon – MCHN IBCLC
- Beth Gammell – MCHN
- Sonia Evans – MCHN IBCLC

How do we work as MCH @ RCH?

- Our team is part of the General Medicine Department at RCH.
- We work closely with the Infant Mental Health Team, Social Work, Speech and Dietetics departments.
- We often support with secondary consult to community MCHN's who contact us.

What do we do?

- Inpatients – referred from medical, nursing and social work, we work closely with parents and their children who have been admitted for
- Oral/feeding aversions
- Growth and developmental concern
- Re-establishing feeding post illness
- Parenting and attachment difficulties
- Breastfeeding support
- Outpatients – we deliver a twice weekly outpatient clinic for patients who need support with all the above.

RCH MCH – how we review feeding

- Greet the infant and introduce myself to them and their family
- Ask how can I help?
- Parents wanting the baby fixed – ‘we have tried everything”
- Hear the family story and acknowledge the journey
- Build a relationship with the infant and the family
- Observe the interaction between infant and parent
- Try to observe an alert state, also sleep state
- Be present for a feed – pre, during and post – see what normally happens for the infant & their parent
- Provide support about interpreting what is observed from the infant perspective – “give the infant a voice”
- Try and navigate improving the feeding experience.
- Learn about infant strengths and capacity and share that with the parents and the infant.
- Education and plan

Working on a plan (all in my head)

- Pleasurable feeding for "All"
- Cue based feeds –i.e. - 2-4/24
- Limit the feeding time – maximum 30mins
- Listen to disengagement cues – stop if 3x infant disengages
- Use face, voice, eye contact, touch – talk about what this does to help the infant
- No surprises
- Talk WITH your baby
- Parent as a container physically and emotionally
- Go slow and allow time
- Take the pressure down on all – hospital is a safe place to do this

Medical Role

Causes of poor growth

- Inadequate caloric intake
- Psychosocial factors
- Inadequate absorption
- Excessive caloric utilisation
- Other medical causes

Clinical Practice Guidelines : Slow weight gain (rch.org.au)

About Child Growth : About child growth (rch.org.au)

When slow growth is not ok?

- Significant malnutrition, illness or dehydration
- Failed outpatient management
- Concern about potential child abuse or neglect
- Significant mental health concern in parent
- For further assessment of feeding technique, parent–child interaction and involvement of a multidisciplinary team

Clinical Practice Guidelines : Slow weight gain (rch.org.au)

About Child Growth : About child growth (rch.org.au)

Case 1: 3-month-old girl

- Outpatient referral: second opinion from another health service
- Feeding history: breastfeed > bottle fed
- Birth history: term, 3.48kg
- Development: no concerns
- Family and social history: Mum's 3rd baby, brother had cow's milk protein intolerance, supportive partner, maternal grandmother

Growth Chart

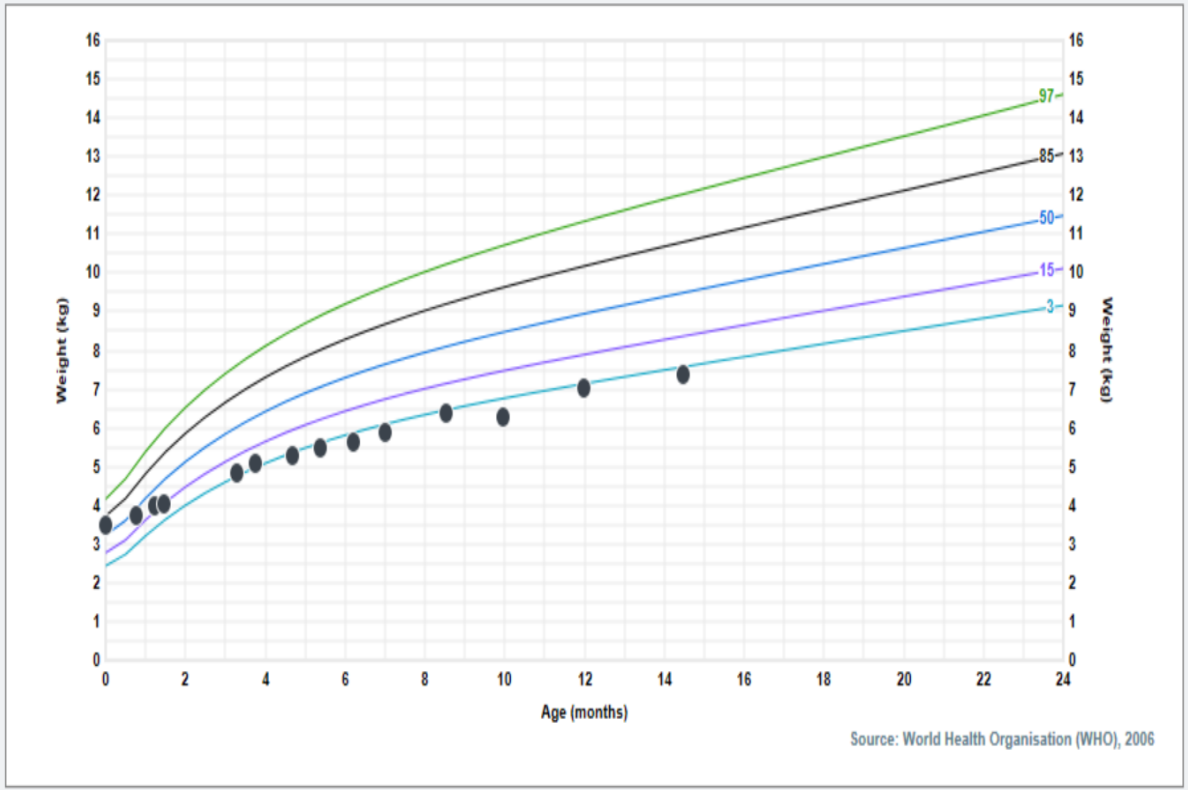
Enter Today's Data | Enter Hx Data | Growth Chart Tipsheet | Additional Growth Chart Information

Head Circum | Length | Weight-for-length | **Weight** | BMI

Parents' Heights | Print | Print All | Refresh

Weight-for-age Percentiles (Girls, birth to 2 years)

100% | 100% | Zoom In | Zoom Out



Reference Datasets

WHO GIRLS (0-2 YE...

☑ Apply patient filter

Legend

- 97th percentile
- 85th percentile
- 50th percentile
- 15th percentile
- 3rd percentile

The Royal Children's Hospital Melbourne

Case presentation Baby 1

MCHN at RCH

Observations of Mother and Infant

Infant alert and social at visit - curious about writer and Laila also checking in with her Mo for reassurance at times

Mouthing on her hands and showing delight when engages - busy with her hands and feet. MO very gentle with her.

Feed seen:

EBM fortified and takes on average 50-100mls 3/24 infant finds it too hard to wait previously tried 4/24 for short time but didn't work.

MO sensitive with offering bottle – baby keen almost sucking off cover !! at start

Then is on and off teat – squirmy, kicking legs and trying to almost get out of MO arms

Hard to contain- enc MO to talk with her more as seems tentative to intrude or disturb the feed.

No potent disengagement signals but a cascade of subtle ones seen in visit as feed progressed

Lactation:

Fortified EBM Mo can pump upto 1.2L / day

Is on domperidone 10mg tds

Is pumping 6 x day – also BF disclosed 1 x overnight.

MO reports feels guilty for not following medical plan.

Post consult with Laila as MO leaving:

Mo reports she has been really feeling pressured by other medical service -Mo reports that she was given the impression they would notify CP if she didn't comply with their feeding plan and growth monitoring. MO thought today we would suggest a NGT also reports had been advised not enough growth would lead to developmental delay

Plan:

Liaison with her local MCHN for support

Support of RCH MCHN and Gen Med team to hold for next 3-4/12

3/12 of fortification in this case didn't appear to improve percentile trajectory

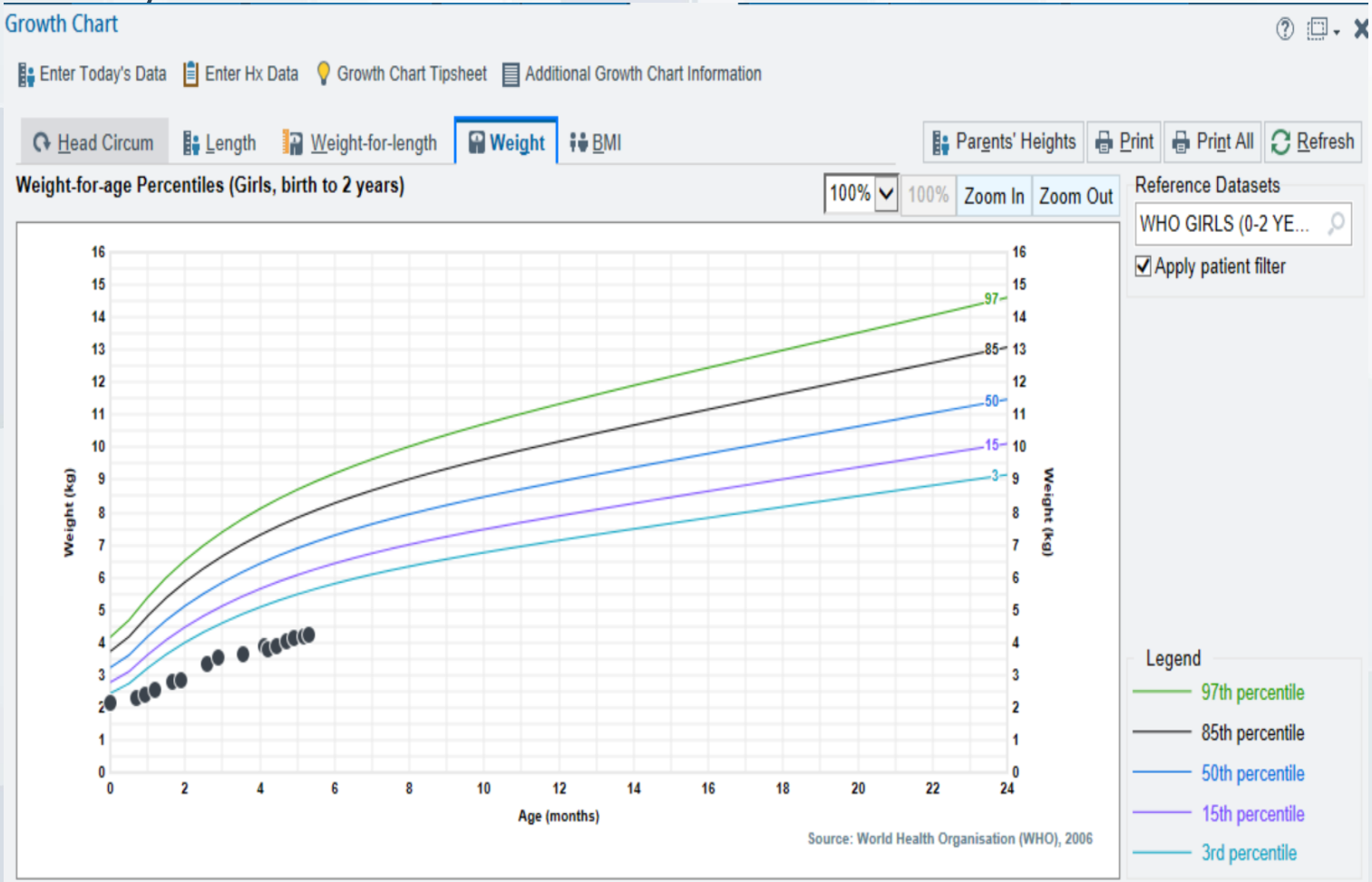
Reducing expressing and moving back to BF and EBM top ups if wanted

Increase solids as delights in same

Case 2: 4-month-old girl

- ED attendance: febrile since immunisation and refusing bottles
- Feeding history: bottle feeding after short attempt at Breast
- Birth history: term, 2.1kg
- Development: no concerns
- Family and social history: First baby to international parents, father works long hours, no maternal support

Baby 2



The Royal Children's Hospital Melbourne

Case presentation Baby 2

MCHN at RCH

Observations of Mother and Infant

Infant highly distressed during initial visit- Often seen wrapped in cot with TV on.
Disengaged from Mo and at times was observed to smack at baby's leg.
Unattuned engagement seen between Mo and baby +++
Baby more responsive to Fa with curious engagement, Fa very nervous handling her.
Fa protective in removing baby when Mo was stressed at home.

Feed Hx:

Initial feeding 60-70ml every 2-3/24.
Since 8/52 feeding has become more difficult and volumes reduced.
Now tolerates 50ml 2/24.
Being woken 2/24 for feeds.
Unsettled baby.
Multiple changes to formula for ?reflux, some rice based formula.
Occasional bloody stools earlier - none recently.
Frequent weight checks in community.

Unpacking parenting:

Questions raised about maternal mental health. Happy, smiling and simmering.

Mo acknowledged she had been force feeding and when baby would not feed, she would yell at her and become very stressed.

It is a parent's job to grow their baby.

Mo had a photo of a "google baby" on her phone screen.

Parents both missing cues from baby for sleep, wake and engagement.

Dad working long hours, Mo isolated and no support.

Would not take baby out of house because she is not beautiful and chubby.

Plan:

CP engagement, home with HITH and NGT feeds. Still no oral feeding.

Ongoing support of RCH MCHN and Gen Med team.

EMCH in community – building stronger links in the community.

Feeding an infant with a bottle-
Simple or complicated?
Families seeking help – how we work?

- Organising infant suck when goes from breast to bottle – EBM or formula – it's important to the infant to know what's coming
- Paced feeds
- Rest in a feed and sharing that knowledge
- Bottles, teats and formula
- Pressuring, surprising, tricking

Collaborative Practice

- We would love to know how you need us to help you!
- (please remember we are only a small EFT)
- We would like to ask how we can best connect with you at a local level.
- Communication regarding discharge continues to be a challenge for you and for us…how can we improve this?

Our plans for the future…

- As a team we would love to be a part of the education of MCHN's in our state.
- Proposed- engagement with students new to MCH

Education Hub @ RCH

We encourage all to register for this amazing series of presentations- designed specifically for our workforce.

Contacting us…

- mch@rch.org.au
- Desk Phone 93457011
- Staffed Monday-Thursday and alt Fridays

- Please leave us a message and we look forward to working with you to deliver great care to the families of Victoria.