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## Using 24-hour weight as reference for weight loss calculation to promote exclusive breastfeeding in term newborns delivered by C-section

Exclusive breastfeeding for the first 6 months of life is recommended to promote maternal and infant health. Supplementing the newborns can interfere with the successful establishment and duration of exclusive breastfeeding and are only warranted if medical indications exist, such as clinical evidence of dehydration. Loss of  $\geq 10\%$  of birth weight frequently triggers supplementation due to nursery staff's concern for dehydration even if not clinically evident. Studies have demonstrated that transplacental passage of maternal intravenous fluids for epidural or spinal anesthesia may inflate birth weight. Researchers have proposed using a newborn's 24-hour weight, after diuresis of this fluid, as the preferred reference for weight loss calculation. The mother-infant unit at Hartford Hospital, a Baby-Friendly Hospital in Connecticut, USA, implemented this recommendation into routine practice in March, 2014. To evaluate efficacy and safety of this clinical practice in decreasing supplementation, we performed a retrospective chart review on healthy full term newborns delivered by C-section in the 12 months before (n=404) and 12 months after implementation (n=263). The overall supplementation rate decreased from 43.6% pre- to 27.4% post-intervention and in first-time mothers from 51.9% to 31.0%. Among infants losing  $\geq 10\%$  of birth weight (n=97 and 84), the supplementation rate decreased from 63.9% to 26.2%. Hence, there was no significant increase in maximum weight loss, peak transcutaneous bilirubin level, or length of stay overall or in those with  $\geq 10\%$  weight loss from birth; indicating that using the 24-hour infant weight as routine reference for weight loss calculation was safe and effective in reducing supplementation.

## **Biography**

Margaret McLaren has obtained her Medical degree from United States in the year 1976. She has completed several Fellowships in Epidemiology at Yale University, USA and a Pediatric Residency at the University of Connecticut. For the past 25 years, she has been serving as a Medical Director of the Newborn Nursery at Hartford Hospital. She is an Associate Professor of Pediatrics at the University of Connecticut and an Attending Pediatrician at the Connecticut Children's Medical Center. Her major interests are breastfeeding, infant mental health, and maternal substance use.

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