

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Breastfeeding, Premature Infant, Modified Suck Assessment Tool, Intra-gastric Tube (IGT) Top Ups
SUMMARY	This document outlines the use of the modified latch assessment tool, which is to be used for all breastfeeding infants born <37 weeks gestation admitted to Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN). It is used to assess and document a breastfeed and to guide staff in the amount of additional milk that may be required as a top up.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Breastfeeding – Modified Latch Assessment Tool for Babies admitted to Neonatal Intensive Care Unit or Special Care Nursery

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1. POLICY STATEMENT

According to [NSW Ministry of Health PD2018_034 - Breastfeeding in NSW - Promotion, Protection and Support](#), mothers of preterm babies can find initiating and maintaining breastfeeding difficult, and they require additional assistance when breastfeeding their newborn babies. This document supports staff caring for breastfeeding mothers with infants in a Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN).

2. BACKGROUND

This procedure outlines the use of the Modified Latch Assessment Tool, which is to be used for all breastfeeding infants born <37 weeks gestation admitted to NICU or SCN. It is used to assess and document a breastfeed, and to guide staff in the amount of additional milk that may be required as a top up. Suck feeding is dependent on a babies clinical condition, not their gestational age. Babies will increase the number of and length of feeds as they mature and their clinical condition improves.

3. RESPONSIBILITIES

3.1 Employees will:

- Ensure familiarity with this policy and related guidelines, local operating procedures and patient information leaflets
- Complete appropriate orientation and education packages on lactation for the premature infant and their mother and supporting breastfeeding mothers.

3.2 Line Managers will:

- Ensure that staff are familiar with and adhere to the Local Health District policies and procedures.

3.3 Medical staff will:

- Familiarise themselves with the procedure practised and adhere to it.

4. PROCEDURE

- The Modified Latch Assessment Tool is to be used for all infants born <37 weeks gestation admitted to NICU or SCN to assess and document a breastfeed and to guide staff in the amount of additional milk that may be required as a top up
- When assessing a breast feed staff need to take into consideration the babies clinical condition, feeding schedule and the mothers' established or increasing milk supply when deciding on top up amount
- This tool is most effective when mothers' milk supply is established and there is obvious breast softening after an expression

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- The Modified Latch Assessment Tool and its use is to be explained to the mother, detailing its use in the assessment of how well their baby has fed at the breast and how much extra milk the baby may require as a top up
- The staff member will assign the relevant score, preferably from their own observation and/or after consultation with the mother. The suck score is to be documented on the Neonatal Observation Chart or the Standard Neonatal Observation Chart (SNOC)
- Scoring is carried out at each breastfeed in partnership with the mother. Each element has a possible score of 2 and a total possible score of 10.

Note: This tool may be used in the first 72 hours for late preterm and term infants admitted to NICU or SCN. For these babies, consider elements B and C to assess a feed.

4.1 Scoring

The elements to be scored are:

A) Assistance

Score 0: Staff assisted - Mother needs to be shown how to hold baby and assisted to position for feeding, staff assist baby to attach

Score 1: Staff verbally guided - Mother may need encouragement and reminding about positioning baby, and how to help baby onto breast

Score 2: Mother unassisted - Mother positions and attaches baby herself.

B) Attachment (oral muscle tone)

Score 0: Baby too sleepy, or reluctant to breastfeed - No latch achieved

Score 1: Baby has repeated unsuccessful attempts to attach to the breast, and/or holds nipple in mouth but doesn't maintain attachment and/or baby unable to maintain attachment for nutritive sucking *or* only non-nutritively sucks

Score 2: Baby grasps breast, tongue down, lips flanged with rhythmic sucking and swallowing.

C) Sucking and Swallowing (sucking efficiency and maturity)

Score 0: None – no sucking nutritive or non-nutritive

Score 1: Intermittent sucking with occasional swallowing - baby achieves some milk transfer.

Score 2: Strong rhythmic sucking and/or audible swallowing – 'Nutritive sucking' is occurring. The amount of milk baby obtains is determined by babies effort (before trying), length of time spent sucking nutritively and mothers milk supply.

D) Breast Drainage

Score 0: No change in breast firmness/fullness

Score 1: Breast a little softer, not as firm

Score 2: Breast considerably softer following feed

Note: Some mothers don't perceive any breast change, but if baby has been nutritively sucking and swallowing she can be reassured that baby has been obtaining milk from the breast.

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E) Length of Feed

This is time spent at the breast nutritively sucking:

Score 0: Fed for < 5 minutes

Score 1: Fed for 5 - 10 minutes

Score 2: Fed for >10 minutes

Amount of top up required:

Use points A to E for assessing need for top up. Add up scores that has been allocated for each. If total score is:

Score 0-3: give full feed by IGT

Score 4-6: give half the usual feed as a top up by IGT

Score 7-10: no extra feed required.

If mother/father are able, the top up tube feeds should be offered with baby resting on their breast or chest.

4.2 Staff Education:

- Suck feeding is dependent on a babies clinical condition, not their gestational age. Babies will increase the number of and length of feeds as they mature and their clinical condition improves.
- The Modified LATCH Assessment Tool needs to be used in consideration with the following:
 - mothers' milk supply
 - frequency of feeds and amount of milk baby is due at that feed
 - if the baby's attachment is poor or intermittent, it is unlikely they will achieve good milk transfer and the baby will require a top up
 - if baby fed for < 10 mins with scores < 2 for attachment and sucking. Give full quota via IGT.
- If the baby is still awake and showing feeding cues after feeding from the first breast, always offer the second breast prior to giving top-up
- If baby is sucking non nutritively at the breast, then give IGT feed while at the breast
- If the mother or father are available after the breastfeed attempt, offer top up IGT feeds with baby resting on their breast or chest
- When baby is consistently scoring 8-10, consider increasing the number of breast feeds per day
- When discussing breast softening with a mother compare it to when she is expressing, the feel of the breast prior to and after expressing
- Low score in an individual element can identify a need for further intervention or education.

4.3 Maternal Education:

- Mothers are encouraged to watch their babies behavioural cues when feeding
- Mothers are educated to know the difference between nutritive and non-nutritively sucking
- Mothers are encouraged to assess each breast feed and to have input into the requirement of top ups
- Mothers can be taught to score the feed if staff are not available.

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5. DOCUMENTATION

- Standard Neonatal Observation Chart (SNOC)
- NCC Neonatal Observation Chart
- Electronic Medical Record

6. AUDIT - For periodic reviews at manager's discretion

7. REFERENCES

- Altunas, N et al, 2015 Latch Scores and Milk Intake in Preterm and Term Infants: A prospective Comparative Study, Breastfeeding Medicine, 10,2 96-101
- [NSW Ministry of Health PD2018_034 - Breastfeeding in NSW – Promotion, Protect and Support](#)
- Neo-BFHI Core document, 2015 Edition
- Sheehy, Y, Royal North Shore, Private Communication, Modified from Jensen D, Wallace S, Kelsay P LATCH : a breastfeeding charting system and documentation tool JOGNN 1994: 23: 27-32
- Walker, M 2016 Breastfeeding Management of the Clinician-Using the evidence, 4th Revised edition, Jones and Bartlett, Sudbury, MA, USA

This procedure has been adapted from SGH-TSH CLIN082 Clinical Business Rule; November 2018.

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
May 2020	Draft	Patty Everitt, SESLHD Lactation group and Alison Brown A/CMC Women's and Children's Clinical Stream SESLHD.
May 2020	Draft	Draft for comment period.
June 2020	Draft	Final draft endorsed by Executive Sponsor.
June 2020	Draft	Processed by Executive Services prior to submission to Clinical and Quality Council.
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9. APPENDIX A – The Modified LATCH Assessment Tool

The Modified LATCH Assessment Tool					
Elements		0	1	2	
A	Feeding Assistance	Nurse Assisted	Nurse Verbally Guided	Mother Unassisted	
B	Attachment (oral muscle tone)	Baby too sleepy or reluctant to breastfeed No latch achieved	Baby has repeated unsuccessful attempts to attach to breast Holds nipple in mouth but doesn't maintain attachment	<ul style="list-style-type: none"> Baby grasps breast Tongue down Lips flanged Rhythmic sucking 	
C	Sucking and Swallowing (sucking efficiency and maturity)	None	Intermittent sucking with occasional swallowing	<ul style="list-style-type: none"> Strong rhythmical sucking And/or audible swallowing 	
D	Breast Drainage	No change	Breast a little softer	Breasts considerably softer following feed	
E	Length of Feed	< 5 minutes	5 – 10 minutes	> 10 minutes	
Use elements A to E above to determine need for top up		Score 0 – 3	Score 4 – 6	Score 7 – 10	
		Give full feed (IGT)	Give half the usual feed (IGT)	No extra feed required Allow baby to feed as long as baby wants, based on clinical condition	
<p>Yvette Sheehy, modified from Jensen D, Wallace S, Kelsay P LATCH: a breastfeeding charting system and documentation tool JOGNN 1994: 23: 27-32</p> <p>Scoring</p> <ul style="list-style-type: none"> Scoring is carried out at each breastfeed in partnership with the mother Each element has a possible score of 2 Total possible score of 10 When baby is consistently scoring 8-10, consider increasing the number of breastfeeds per day Low score in an individual element can identify a need for further intervention or education When deciding top up amount, consider feeding schedule Consider maternal supply when deciding on amount of top up For late preterm and term babies in the first 72 hours, consider elements B and C to assess feed <p>Notes</p> <ul style="list-style-type: none"> Baby's sucking time is not limited to 10 minutes at the breast, length of feeds will increase as they mature Mothers are encouraged to watch the baby's behavioural cues when feeding Mothers are educated to know when the baby is sucking nutritively at the breast For mothers with low supply, offer second breast if baby still cueing for feed For late preterm and term babies, always offer the second breast 					