

The six week check

Breastfeeding

- feeding option of choice for first 6 months
- Correct attachment and positioning of the infant are vital
- Practical assistance is essential

History

- Birth history / delivery
- Is baby smiling / focusing and responding to loud noises ?
- Feeding history

Expected weight gain

Regain birth weight by 2 weeks

Then 150 - 200 grams per week for the first 3 months of life

Examination

- Weight / length / head size on centile chart
- examine eyes
- Cardiac and palate examination
- hip examination
- femoral pulses
- examine genitalia

Investigations

Nil required if all is well and full examination normal

Advice

- no solids until 4 months
- If breastfeeding issues, refer to lactation consultant
- avoid soya milk /goats milk / honey/ cow's milk
- reflux and loose stools common – reassure if normal weight gain

Formula feeds

Start with whey-based
Avoid frequent formula change
Should receive 120-150 mls/kg/24hours
(1 oz = 30 mls)

Specialist Referral

Prolonged jaundice (esp. if pale stools /dark urine)

Poor weight gain

Severe infant distress

Parental concern re hearing/vision or if not smiling

Rapid head growth

Positive exam findings

References

NICE CG 37
2006 routine postnatal care of women and their infants

TAKE HOME MESSAGES

Exclusive breast feeding is option of choice and a learned skill
Use personal health records
The six week check is a very important screening examination

Cross references

See colic / reflux / food allergy algorithms

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Amendments following suggestions of QIP committee of ICGP . Secondary care referral as denoted in red box

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