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BLEEDING GUIDANCE

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Bleeding Guidance For Parents

It can be normal for some babies to experience small amounts of pink saliva in the hours and first day or two following the procedure.

If you notice any blood this will typically be a small amount. Please follow the guidance below

Please notify us of any significant secondary bleeding events - if concerned please contact your GP or call 111.

If you cannot stem bleeding with pressure, there is profuse or heavy bleeding or your baby shows any other concerning signs, seek medical assistance immediately.

Otherwise:

Feed:

This will typically stop any bleeding within a few minutes, just as it did immediately after the procedure. Sucking a sterilised pacifier or your clean finger can have the same effect.

If this fails to stop any bleeding, please see the next step below



Pressure:

If the bleeding doesn't reduce and stop with feeding, or is a large amount of frank blood - apply pressure to the wound under the tongue with one finger using a clean muslin for 5 timed continuous minutes. Do not press under baby's chin as this can affect breathing.

- Your finger is bigger than the wound site and so this should always stem bleeding. If not check you are covering the wound site by using two fingers. Once bleeding is stemmed, don't lift the pressure until the 5 minutes is complete (doing so can make the wound bleed again).

If this fails to stop any bleeding, please see the next step below



Repeat

If the bleeding continues after this time, repeat the above for 10 timed minutes..



Seek Medical Assistance:

If after 10 minutes the wound bleeds again when you cease pressure, reapply and take your baby to hospital (call an ambulance if you live more than a very short distance from the Accident and Emergency Department).

Please take this and the following page of this document with you if possible

Bleeding Guidance For Healthcare Professionals

- Put some gauze on the raw diamond under the tongue and hold in place firmly with one finger. Press for at least 5 timed minutes. When applying pressure ensure that the airway is maintained. Keep baby warm and calm. If the gauze becomes soaked while you are pressing, you are not pressing in the right place. Replace the gauze and check you are pressing under the tongue on the raw diamond, but now press with two fingers, side by side, to ensure you are pressing on the outer edges as well as the centre. Sit down again and wait for at least 5 timed minutes.
- Do not continually remove the gauze to see if the bleeding has stopped – wait for at least 5 minutes. This should control 99.7% of bleeding. (1:300 chance of continued bleeding)

- If there is still ooze, use Kaltostat or Sorbsan and press with one or two fingers for a further timed 5 minutes.

In a controlled, hospital environment, with suitable monitoring, put a few drops of 1:100,000 adrenaline on a gauze swab and press for 5 minutes, as before. (or lignocaine 1% with 1:100,000 adrenaline). There is no correct dose, but this seems to be a safe compromise between a stronger concentration of adrenaline and the theoretical side-effects of systemic absorption.

If all this fails (Estimated risk 1: 100,000) Silver Nitrate, electrocautery and suturing are options at this point. .

Bleeding Guidance For Healthcare Professionals

- This group of babies have had a long period of sublingual pressure followed by some form of surgery, resulting in oedema and some oral aversion, so they need to be kept under very close supervision as an inpatient for several days until feeding normally. A prompt naso-gastric tube for initial stress-free feeds is very useful and avoids an unnecessary IV line.
- Mervyn Griffiths, Consultant Paediatric Surgeon, Southampton, references available on request.
- Please notify us where possible of any significant events:



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