



*Topic Expert Group: Care procedures*

**Weighing**

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*Target group*

Infants and parents

*User group*

Healthcare professionals, neonatal units, and hospitals

*Statement of standard*

The procedure of weighing an infant is individualised to minimise stress and adapted to the clinical condition and may be carried out alongside or by the parents.

*Rationale*

Weighing is carried out regularly to monitor weight and nutritional status. The optimal frequency is unknown and, in practice, is variable. Daily weighing may be used as a routine procedure. The procedure of weighing an infant is particularly stressful for very preterm or ill infants, and should be adapted to the individual situation of the infant taking into account direct therapeutic benefit (e.g. fluid and nutritional management). The manner in which the procedure is conducted may adversely affect the infant's physiologic and behavioural stability.

Infants may be weighed using two different methods: using an integrated scale within the incubator (when the infant is very preterm or ill) or using a free standing scale when the infant is stable enough to handle the transfer.

Swaddling or using bedding materials (e.g. a snuggle or nest) during weighing provides more sustained support during the transfer to the scale, the infant's hands may be positioned to be accessible to the mouth to assist in self-regulation. This is consoling and inhibits heat loss, behavioural disorganisation, and physiologic distress. (1,2) The transfer to the scale should be gentle and slow, with due regard to the immature vestibular system of the infant. The environment should provide for temperature stability as well as developmentally supportive experiences regarding to excessive sounds and bright light.

*Benefits*

*Short-term benefits*

- Improved comfort of the infant (1)
- Improved physiological stability and motor organisation with reduced arousal during the procedure (1)
- Minimised energy expenditure (3)
- Reduced hypothermia (2)
- Increased parental awareness of behavioural cues and improved participation in daily care (4–6)



### *Long-term benefits*

- Increased parental awareness of behavioural cues and improved participation in daily care (7)
- Improved healthy brain structure/developmental benefits (4,8)

### *Components of the standard*

<b>Component</b>	<b>Grading of evidence</b>	<b>Indicator of meeting the standard</b>
<b>For parents and family</b>		
1. Parents are informed by healthcare professionals about the possibility of active participation in the weighing of their infant (swaddling, holding while transferred, providing containment on a scale), how to recognise behavioural signs of discomfort during weighing, and how to react accordingly. (4,5,9,10)	A (Moderate quality) B (Moderate quality)	Parent feedback, patient information sheet
<b>For healthcare professionals</b>		
2. A unit guideline on weighing (handling, transfer, frequency) is adhered to by all healthcare professionals.	B (High quality)	Guideline
3. Training on weighing (handling, transfer, frequency) and infant behaviour during weighing is attended by all responsible healthcare professionals. (11–13)	A (Moderate quality) B (High quality)	Training documentation
4. Weighing is performed not as a fix standard routine but done on an individual basis. (11)	A (Moderate quality) B (High quality)	Audit report
<b>For neonatal unit</b>		
5. A unit guideline on the procedure of weighing an infant is available and regularly updated.	B (High quality)	Guideline
<b>For hospital</b>		
6. Training on weighing an infant and infant behaviour during weighing is ensured.	B (High quality)	Training documentation
7. Appropriate material for swaddling and nesting is available. (14) (see TEG Care procedures)	A (Moderate quality) B (High quality)	Audit report
8. Modern bed/incubator built-in- scales are provided for the most vulnerable infants. (15)	A (Moderate quality) B (Moderate quality)	Audit report



For health service  
N/A

### *Where to go – further development of care*

<b>Further development</b>	<b>Grading of evidence</b>
For parents and family	
<ul style="list-style-type: none"><li>Parents are involved as primary caregivers who learn to perform weighing by themselves. (13,16,17)</li></ul>	A (High quality) B (High quality)
For healthcare professionals	
<ul style="list-style-type: none"><li>Accept parents as primary caregivers and guide and support during care practices. (13,16,17)</li></ul>	B (High quality)
For neonatal unit	
N/A	
For hospital	
N/A	
For health service	
N/A	

### *Getting started*

<b>Initial steps</b>
For parents and family
<ul style="list-style-type: none"><li>Parents are verbally informed by healthcare professionals about the possibility to actively participate in weighing their infant (swaddling, holding while transferred, providing containment on a scale), how to recognise the behavioural signs of discomfort during weighing, and how to react accordingly.</li></ul>
For healthcare professionals
<ul style="list-style-type: none"><li>Encourage parents to actively participate in a weighing procedure.</li><li>Attend training on weighing and infant behaviour during weighing.</li></ul>
For neonatal unit
<ul style="list-style-type: none"><li>Perform an individual approach of weighing to the special needs of the individual infant.</li><li>Develop and implement a unit guideline on the procedure of weighing an infant.</li><li>Develop information material on parental active participation in weighing their infant for parents.</li></ul>
For hospital
<ul style="list-style-type: none"><li>Support healthcare professionals to participate in training on weighing and infant behaviour during weighing.</li></ul>
For health service
N/A



## Source

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