

MATERNITY UNIT

POLICY:

FORMULA FEEDING

AUTHOR:

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POLICY STATEMENT:

Some mothers will make an informed decision not to breastfeed, but will plan to feed their baby a breastmilk substitute (formula). It is important to ensure that the baby whose mother plans not to breastfeed is fed a formula that is safe, suitable and properly prepared.

SCOPE:

All midwives and nurses working in the maternity unit.

DEFINITIONS:

Formula feeding is when a baby is fed a breastmilk substitute by bottle. This policy relates to babies of mothers who have chosen or for whom it is medically necessary to formula feed their baby from birth while staying in the maternity unit.

This policy does not relate to supplementing a breastfed baby.

POLICY:

- All mothers who are planning to formula feed are required to bring with them to maternity the formula, bottles and teats they will need. This will be communicated to them during the antenatal period by their LMC whenever possible.
- No ready-to-feed formula is bought or stored by the maternity unit.
- Bottled sterile water will be used to make up feeds in the maternity unit.
- If a mother has not been informed of the need to provide her own formula and/or has not brought any formula to the unit, then her relatives will be requested to purchase some as soon as possible. In the meantime, ready to feed formula may be obtained from Neonatal Unit for one or two feeds.
- All mothers who are planning to formula feed will still be encouraged to spend at least an hour in close skin-to-skin contact with their baby after the birth, as this has benefits for the baby other than breastfeeding success. This contact helps to regulate the baby's temperature, stabilise blood glucose and reduce crying and should be encouraged throughout the stay in maternity. It also has a positive effect on maternal behaviour and mother-infant bonding.
- Rooming-in 24 hours a day will still be the expectation even though the baby is not breastfed.
- All mothers who are not planning to breastfeed will be given advice about how to care for their lactating breasts and offered pain relief if needed.

- All mothers who are planning to formula feed will be given one-to-one instruction on the safe preparation and handling of formula which is in line with Ministry of Health guidelines. There will be no group instruction or formula preference stated by staff.
- All mothers who are planning to formula feed will be shown how to prepare the milk and how to keep all equipment used in preparation and feeding adequately clean to prevent transfer of any infection or contamination to the baby.
- A container and sterilising solution will be provided for the mothers' individual use and the solution will be changed every 24 hours. This box should be washed in hot soapy water after the woman has finished with it.
- Before initial sterilising and instruction the staff member should check the accuracy of the measurements on the bottle provided by the mother, using a syringe or medicine cup, and inform her about the importance of having a bottle with accurate measurements. Too much or too little water will alter the concentration of the formula and this can have serious implications for the infant.
- All mothers who are planning to formula feed will not be made to feel that they are in any way inferior to the breastfeeding mother and will receive the level of care that they require.

Cue based feeding is recommended for all babies. This means that the baby should be fed whenever he/she shows signs of wanting to feed. The amount of formula and frequency of feeding will vary starting with small amounts only (10-20 ml) from birth and gradually increasing over time. It is important to follow the feeding guide on the container of formula being used.

Procedure for sterilisation of formula feeding equipment:

1. All equipment will be washed with detergent and hot water.
2. Bottles will be scrubbed with a bottle brush prior to sterilisation.
3. All equipment is to be sterilised by staff or parents after instruction by staff.
4. Instruct mother to sterilise by:
 - a. Boiling for at least 5 minutes – equipment is to be fully immersed (not available in the Maternity Unit).
 - b. Sterilising tablets as per instructions on the packet. - immerse equipment fully (with no air bubbles). Discard solution after 24 hours. Provide mother with named, individual container for sterilising solution. (N.B. Metal products are not to be used with sterilising solution.)

While in use the feeding equipment is sterilised in a plastic box for each individual woman. This box should be washed in hot soapy water after the woman has finished with it.

Preparation and heating of feeds and storage:

All women planning to formula feed their baby, will be provided with the Ministry of Health pamphlet **Feeding Your Baby Infant Formula** (February 2013 Code HE1306) and this leaflet will be read and discussed with them.

- Formula is best made up fresh for each feed and for immediate consumption.
- Prepare feeds as per manufacturer's instructions.
- Ensure the powder is measured with the scoop provided in the can and that the correct amount is used.
- Bottled sterile water will be used to make up feeds while in the maternity unit but mothers are advised to follow the instructions in the MoH leaflet when preparing feeds at home.
- **Always measure the water into the bottle then add the powdered formula.**
- **Make only one bottle at a time.** Milk used for powdered formula is pasteurised, but it is not able to be sterilised because sterilisation removes important nutrients. This means that bacteria can grow to levels which can cause sickness. While the risk is low, particularly for healthy, full term infants, it is recommended as previously stated that powdered formula is **reconstituted just before use.**
- Making only one bottle at a time is recommended but in the first few days when baby may be drinking less than the volume made with one scoop it is acceptable to make one scoop and separate into two bottles as long as the unused bottle is kept in the fridge and for no longer than 4 hours. Estimating half a scoop is too inaccurate and unsafe.

Warming feeds:

1. When giving formula to a baby, it should be at body temperature – do not overheat as this may burn the baby and encourages the growth of bacteria.
2. Warmed formula should be used within 20 minutes.
3. Never reheat formula that has been left in a bottle after a feed.
4. The jug warming method is the approved method for breast, formula and homogenised milk. Place the bottle containing the formula in a jug of hot water. Hot tap water will be hot enough to warm the feed. Do not use boiling water.
5. Always test the temperature of formula before use. When dripped on the inside of the wrist it should feel neither hot nor cold.
6. Microwave heating of formula is not recommended as this heats milk unevenly and there is a risk of burning.

Potential Hazards:

Hazard	Prevention
<ul style="list-style-type: none"> Contamination 	<ul style="list-style-type: none"> Effective hand washing Effective sterilisation and storage of equipment
<ul style="list-style-type: none"> Infection 	<ul style="list-style-type: none"> Effective preparation and storage of formula
<ul style="list-style-type: none"> Burns 	<ul style="list-style-type: none"> Do not use microwave to heat formula Do not use boiling water Always test temperature of formula before giving to baby
<ul style="list-style-type: none"> Dehydration, failure to thrive, constipation 	<ul style="list-style-type: none"> Accurate measurements of formula and water, as per manufacturer's instructions (always add water FIRST) Cue based feeding.

Breast Care:

Women who do not intend to breastfeed will still experience breast fullness, "the milk coming in" 30 – 40 hours after birth. This is an endocrine process and not related to breast stimulation. Lactation will not continue to advance if there is no breast stimulation or emptying of the breast. This breast fullness can be uncomfortable but there are some simple comfort measures.

- Cool compresses will cause vasoconstriction and reduce inflammation and oedema
- Gentle massage in a warm shower will allow a little milk flow for comfort but expressing is not recommended
- Supportive bra
- Pain relief – Paracetamol or a non-steroidal anti inflammatory

Pharmaceutical milk suppression unnecessary and unsafe in most situations

All women who give birth in the maternity unit will be given information about the well child care and parenting support available to them.

This local contact information is added into the front of the Wellchild Book.

All midwives and nurses will be orientated to the policy and given the education required to ensure that their knowledge of formula feeding is current and the information they are giving to mothers is clear, accurate and impartial.

This Policy will be reviewed and updated 3 yearly.



Sponsor: Women, Child and Youth

Name: Formula Feeding

RELATED STANDARDS AND PROCEDURES:

- Hauora Tairāwhiti Organisational Breastfeeding Policy
- Sterilising Breastfeeding Equipment Hauora Tairāwhiti Guideline

ASSOCIATED DOCUMENTS:

- MOH (2013). Feeding your baby infant formula
- MOH (2012). Food and nutrition Guide for Healthy Infants and Toddlers Age 0-2

REFERENCES:

- WHO (1998). Evidence for the Tens Steps to Successful Breastfeeding. World Health Organisation Geneva
- NZ Ministry of Health (2012) Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2)

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