



MATERNITY UNIT

GUIDELINE:

SUPPLEMENTATION OF HEALTHY TERM BREAST FED INFANT

SCOPE:

All staff working in the maternity unit

AUTHOR:

BFHI Education Coordinator (updated by NNU Quality Coordinator)

PURPOSE:

Puawai Aroha/Gisborne Maternity Unit achieved 'Baby Friendly Hospital Initiative' (BFHI) status in April 2006. All staff understand the importance of promoting, protecting and supporting exclusive breastfeeding. If a woman requests to give her breastfed baby a supplement of infant formula, staff should be aware of the potential implications of this. There are acceptable medical reasons for supplementation and staff should be able to discuss this choice with the mother and provide her with appropriate information so that she may make an informed choice.

DEFINITIONS:

Supplementation of the breastfed infant is when the healthy, term infant is given fluids or food in addition to, or in place of, breastmilk and there is no medical reason.

GUIDELINE:

Breastfeeding is the accepted norm and an unequalled way of providing ideal food for the healthy growth and development of infants. Breastfeeding is also an integral part of the reproductive process with important health implications for the mother. Exclusive breastfeeding from birth is possible for almost all women and babies and unrestricted breastfeeding generally results in ample milk production.

There are some medical and surgical conditions that can affect milk production and these situations need to be managed individually, with sensitivity, and in consultation with a Lactation Consultant. This policy does not relate to these complex situations.

Even though it is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information and support from their families, community and health professionals.

All health professionals working in the Maternity Unit will have up to date knowledge of how to promote, protect and support exclusive breastfeeding. Staff should provide breastfeeding education and assistance to the mother to build her confidence, improve her feeding technique and be able to prevent or resolve breastfeeding problems.

The WHO acceptable medical reasons for the use of breast-milk substitutes are outlined in *Appendix 1*.

If a mother requests that her baby is given a supplement of fluids or food in addition to breastmilk, when it is not medically indicated, the reasons for this request should be obtained and documented. The agreed information sheet (*Appendix 2*) shall be discussed with her by a health professional caring for the woman and her baby, who will record this discussion in the woman's clinical notes and sign on the information sheet that this discussion has taken place. The health professional will give the woman a copy of the signed document for information.

If there is an acceptable medical reason for supplementation, or if the woman has made an informed choice to supplement her baby with fluids or food in addition to breast milk, any formula feed will be made up as per the formula feeding policy.

ASSOCIATED DOCUMENTS:

- Organisational Breastfeeding Policy
- Maternity Unit - Formula Feeding Policy

REFERENCES:

- NZBA (2014). Baby Friendly Hospital Initiative: Documents for Aotearoa New Zealand. Developed by the Implementation Group for the New Zealand Breastfeeding Authority
- WHO (2009). Acceptable medical reasons for use of breast-milk substitutes

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APPENDIX 1:

WHO – ACCEPTABLE MEDICAL REASONS FOR SUPPLEMENTATION

A few medical indications in a maternity service may require that individual infants be given fluids or food in addition to, or in place of, breastmilk.

It is assumed that severely ill babies, babies in need of surgery, and extremely low birth weight babies (less than 1,000grams) will be in a special care unit. Their feeding will be individually decided, given their particular nutritional requirements and functional capabilities, though breastmilk is recommended whenever possible.

These babies in special care are likely to include:

- Babies with very low birth weight or who are born premature, at less than 1500 grams or 32 weeks gestational age
- Newborn infants who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand if their blood sugar fails to respond to optimal breastfeeding or breast-milk feeding

For well babies there are very few indications for supplements. In order to assess whether a service is inappropriately using fluids or breastmilk substitutes, any babies receiving additional supplements must have been diagnosed as:

- Babies whose mothers have serious illnesses which precludes breastfeeding
- Babies with inborn errors of metabolism
- Clinically dehydrated babies
- Babies whose mothers are taking medication which is contraindicated when breastfeeding, and for which there is no safe alternative (*see Medications and Mothers Milk – Thomas Hale Latest edition should be on the ward or in clinical library*)
- <http://www.medsafe.govt.nz/profs/puarticles/lactation>

When breastfeeding has to be temporarily delayed or interrupted, mothers should be helped to establish or maintain lactation, for example, by hand or manual pump expression of milk, in preparation for the time when breastfeeding may be begun or resumed.

APPENDIX 2:

INFORMATION SHEET FOR MOTHERS WHO REQUEST TO SUPPLEMENT THEIR BREAST FED BABY

- There are a number of reasons why you may feel that you want to supplement your baby with formula milk. However, most of them can be overcome with improved support and advice on breastfeeding technique.
- In the first few days putting your baby next to you, skin to skin, is usually enough to settle baby. This is an important first step if your baby seems unsettled and will not feed.
- Most of the problems experienced by breastfeeding mothers in the first few weeks (for example sore nipples, engorgement, mastitis) occur either because baby is not attached to the breast in the best way or because the baby is not being put to the breast often enough.
- Remember that baby's feeding patterns will vary enormously. Some babies will not want many feeds in the first day or two but feeds may then become quite frequent, particularly in the first few weeks. This is quite normal and if you feed baby whenever he/she seems hungry you will produce enough milk to meet his/her needs.
- Your breastmilk is perfect for YOUR baby and adapts to meet your baby's changing needs. Most babies will need no other food or drink until they are 6 months old.
- Breastmilk contains all of the food and water your baby needs. Giving other food or drink could be harmful and may also make him/her less interested in breastfeeding. If your baby does not breastfeed often enough, you may not make enough milk to meet his/her future needs.
- Breastmilk contains antibodies to protect your baby from infection. Sickness and diarrhoea (gastroenteritis, which may be very serious), chest infections, ear infections and urine infections are all more likely in formula fed babies.
Some babies have even had very severe allergic reactions to formula milk (anaphylaxis)
- If you are requesting to give your baby a supplement of formula milk, it is important that you are aware of the potential consequences to this. If you do not feel that you have received sufficient advice or support from the staff in the maternity unit or from your Lead Maternity Carer (LMC), please ask to see another health professional for a discussion, advice and support to continue breastfeeding.

Giving your baby formula will:

- Increase his/her risk of infection, allergies and possibly having a severe reaction.
- Alter the balance of good bacteria in baby's bowel.
- Increase risk of developing diabetes.
- Possibly make it more difficult for your baby to latch onto your breast properly if he/she sucks on a teat
- Make successful long term breastfeeding less likely.



Hauora
Tairāwhiti

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Name: Supplementation of Healthy Term Breast Fed Infant

If you are very tired, an alternative way may be to consider expressing some breast milk and a member of your whanau/family or a member of staff, can give this expressed milk to your baby by cup or spoon.

Try putting your baby close to you skin-to-skin and chest-to-chest first for a while, but if after reading this information you still choose to supplement your baby with formula milk, the staff will assist you to do this.

Name of Mother:

NHI:

Date:

Name and signature of staff member discussing the above:

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