Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

NSW GOVERNMENT Health
South Eastern Sydney Local Health District

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SUMMARY	This CBR describes the indications and the procedures for supplementing a breastfeeding baby in a BFHI accredited facility.
Key Words	Breastfeeding, supplementary feeding, neonate, infant formula, expressed breastmilk.

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Supplementary feeding of a breastfed neonate in the postpartum period

RHW CLIN164

Contents

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This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to guide clinical practice at the Royal Hospital for Women for breastfeeding mothers and babies who are clinically indicated or request to have a supplement in the post-partum setting.

The appropriate use of formula supplementation when clinically indicated for the breastfeeding neonate will not undermine a breastfeeding mother's decisions to breastfeed. A mother's informed decision to supplement her baby with formula will be respected.

2 RESPONSIBILITIES

2.1 Clinical Midwifery/Nursing Consultant (CMC/CNC) Lactation

Prepare, review and discuss breastfeeding plan.

2.2 Medical, Midwifery and Nursing Staff

Support breastfeeding mothers through uninterrupted skin-to-skin contact with their neonate(s) and refer early to lactation services when appropriate. Assess the need for supplementation when clinically indicated or upon maternal request and provide appropriate counselling. Recognise and implement strategies to minimise the need for supplementing a breastfeeding infant.

3 PROCEDURE

3.1 Clinical Practice points

- Review suitability for supplementary feeding in the following circumstances:
  - Maternal request
  - Possible Medical Indications for Supplementation in Healthy Term Infants (37–42 weeks) (see appendix 1)

- Assess breastfeeding and evaluate neonate's hydration, breastmilk transfer and maternal breast changes
- Complete the 'Breastfeeding Assessment' in the maternal clinical pathway after evaluating position, attachment and breastmilk transfer. If any issues of concern are identified, a breastfeeding plan is to be implemented
- Discuss and formulate an agreed breastfeeding plan with the woman in conjunction with her breastfeeding goals. The breastfeeding plan will not restrict time or number of breastfeeds
- Give a copy of the written breastfeeding plan to the woman. Place a copy in her bedside folder and document in the woman's medical record
- Assess breastfeed at least once per shift and review breastfeeding plan
- Encourage inpatient women to attend breastfeeding talk and/or Breastfeeding Support Unit (BSU) for ongoing education and support
- Discuss breastfeeding plan with CMC/CNC Lactation and/or medical team if indicated
- Discuss with woman the importance of exclusive breastfeeding to six months, and the risks associated with giving formula or other supplements to a breastfed neonate without an acceptable medical reason. Document discussion in woman's medical record
- Support strategies to increase maternal breastmilk supply by:
    - providing unrestricted skin-to-skin contact
    - providing unrestricted access to the breast and frequent breastfeeds.
    - maintaining and promoting at least 8-12 feeds in 24 hours
    - facilitating effective expressing techniques e.g. hand or electric breast pump post breastfeeds
    - discussing with the woman reasons for supplementary feeds
- Complete consent form for 'Supplementary Formula Feeding of Breastfed Newborns' if formula supplementation is to be given
- Document each feed in neonatal care plan including:
    - time of feed
    - type of feed - woman's own breastmilk is the first choice. Formula may be used if medically indicated
    - volume given - based on the table below:

Age of Neonate (hours)	Volume recommended per feed (mLs)
< 24	2–10
24–48	5–15
48–72	15–30
72–96	30–60

- method used. Refer to Alternate Feeding Methods in the Early Postpartum Period for guidance on spoon and cup feeding
- acceptable medical reason for supplement

- Provide the woman with education and written information with SESLHD leaflet - Expressing and Storing Breastmilk
- Provide the woman with education on preparing infant formula, including
  - a demonstration
  - supervised practice
  - discuss and provide fact sheets Preparing Formula Feeds & Sterilising Bottles
- Discuss with CMC/CNC Lactation the individual management of any neonate > 72 hours of age requiring supplementary feeds

3.2 Documentation

- Consent form for Supplementary Formula Feeding of a Breastfed Newborn
- Maternal Clinical Pathway
- Neonatal Care Plan
- EMR

3.3 Education Notes

- The Royal Hospital for Women (RHW) is Baby Friendly Health Initiative (BFHI) accredited and abides by the World Health Organisation (WHO) 'Ten Steps to Successful Breastfeeding' which states 'give newborn infants no food or drink other than breastmilk unless medically indicated' [2]
- Early supplementation with formula is associated with decreased exclusive breastfeeding at six months [2]
- 10% weight loss is not an automatic marker for the need for supplementation, but is an indicator for evaluation of the breastfeeding dyad [2]
- Inappropriate supplementation may undermine the woman's confidence in her ability to meet her neonate's nutritional needs [3]
- Introduction of formula or any other supplements may decrease the feeding frequency of the neonate, thereby decreasing the amount of breast stimulation the woman receives resulting in reduction of breastmilk supply[1]
- Formula supplementation may result in alterations in the neonatal gut microbiome[4,9] Alterations in the gut environment can be responsible for mucosal inflammation and disease, autoimmune disorders and allergic conditions of childhood and adulthood
- Healthcare professionals may recommend supplementation as a means of protecting a woman from fatigue and distress, although this conflicts with their role of promoting breastfeeding[2]

- During the early days following birth, the breastfed neonate typically consumes small amounts of milk and will regurgitate amounts more than what their stomach can physiologically hold. The amount of supplement offered to a breastfed neonate should reflect the amounts of colostrum typically available for age and gestation postpartum[7,8]. (see appendix 1)

3.4 Related Policies/procedures

- Breastfeeding in NSW: Protection, Promotion and Support
- Care of infant feeding equipment within SESLHD facilities
- Preparation, Storage and Safe Use of Infant Formula
- RHW Breastfeeding- Delayed Lactogenesis II, Early Intervention and Management
- RHW Alternative Feeding Methods in the Early Postpartum Period
- RHW Weight Loss (Day 4-6) > 10% of Birthweight in a Breastfed Neonate ≥ 37 weeks gestation
- RHW Breastfeeding Support Unit (BSU)
- RHW Breastfeeding - Protection, Promotion and Support
- Hypoglcaemia- Monitoring and Management of at risk neonates

3.5 References

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4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 2 Partnering with consumers
- Standard 5 Comprehensive Care

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
25/6/2001	Version 1.0	Approved RHW Council 25/6/01
July 2004	Version 1.1	Reviewed by Lactation CNC
20/09/04	Version 2.0	Approved Quality Council
2007/8	Version 2.1	Reviewed
3/04/2008	Version 3.0	Approved Patient Care Committee
March 2012	Version 3.1	Reviewed Lactation CNC
April 2012	Version 4.0	Endorsed LOPS Committee (previously titled: Breastfeeding – Complementary Feeding of Breastfed Babies Guideline)
17/05/2012	Version 4.0	Approved Quality & Patient Safety Committee
February 2016	Version 4.1	Reviewed and endorsed Lactation Working Party
8/03/2019	Version 5.0	Reviewed and endorsed Maternity Services LOPs
4/04/2025	Version 6.0	Minor changes: Updated by Lactation Services Team
17/04/2025	Version 6.0	UAT complete
13/05/2025	Version 6.1	Transcribed to new template
04/04/2025	Version 6.1	RHW BRGC

Appendix 1.

This appendix is summarised, from BFHI Maternity Facility Handbook as applicable to facilities in Australia. Personnel who make decisions or counsel mothers on supplementation of breastfed infants in a BFHI facility are required to be familiar with and implement these guidelines.

Possible Medical Indications for Supplementation in Healthy Term Infants (37–42 weeks)

In each case, a decision must be made as to whether the clinical benefits outweigh the potential negative consequences of such feedings.

1. Infant Indications

a. Hypoglycaemia documented by formal blood sugar level 1.5-2.5mmol/L that is unresponsive to 40% oral Dextrose and a breastfeed. Refer to Hypoglycaemia – Monitoring and management of at risk neonates
b. Clinical or laboratory evidence of significant dehydration (e.g., high sodium, poor feeding, lethargy, etc.)
c. Significant weight loss may be an indication of inadequate milk transfer or low milk production, but a thorough evaluation of infant feeding is required before automatically ordering supplementation. It should also be noted that excess newborn weight loss is correlated with positive maternal intrapartum fluid balance (received through intravenous fluids) and may not be directly indicative of breastfeeding success or failure.
d. Delayed or inadequate bowel movements or continued meconium stools on day 5 may be an indication of inadequacy of breastfeeding. Newborns with more bowel movements during the first 5 days following birth have less initial weight loss, earlier transition to yellow stools, and earlier return to birth weight.
e. Hyperbilirubinemia associated with poor breast milk intake despite appropriate intervention and marked by ongoing weight loss and limited stooling.
f. Macronutrient supplementation is indicated, such as for the rare infant with inborn errors of metabolism.

2. Maternal indications

a. Delayed secretory activation [72–120 hours] with signs of inadequate intake by the infant
b. Primary glandular insufficiency as evidenced by abnormal breast shape, poor breast growth during pregnancy, and minimal indications of secretory activation.
c. Breast pathology or prior breast surgery resulting in poor milk production.
d. Certain maternal medications (e.g., chemotherapy, psychotherapeutic drugs, anti-epileptic drugs, long-lasting radioactive compounds).
e. Intolerable pain during feedings unrelieved by interventions.
f. Severe illness that prevents a mother caring for her infant, e.g. sepsis.
g. Uncommon maternal conditions (e.g. HSV lesions on the breasts, HCV positive and bleeding nipples, HIV positive using guidelines based on CD4 count and ART prophylaxis)

Volume of Supplemental Feeding

1. Unrestricted breastfeeding is the biological norm. Formula-fed infants usually take in larger volumes than breastfed infants, therefore may be overfed. The volume of supplementary feeds for breastfed infants should not be based on the intakes of formula fed infants.
2. The amount of supplement given should reflect the normal amounts of colostrum available, the size of the infant's stomach (which changes over time), and the age and size of the infant.
3. Based on the limited research available, suggested intakes for healthy, term infants are given in in the table below, although feedings should be based on infant cues.

Average Reported Intakes of Colostrum by Healthy Term Breastfed Infants

Time (hours)	Intake (mL/feed)
First 24	2 - 10
24 - 48	5 - 15
48 - 72	15 - 30
72 - 96	30 - 60

Methods of Providing Supplementary Feedings

1. An optimal supplemental feeding device has not yet been identified and may vary from one infant to another. No method is without potential risk or benefit.
2. When supplementary feedings are needed, methods from which to choose: a supplemental nursing device at the breast, cup feeding, spoon feeding, finger-feeding, syringe feeding, or bottle feeding.
3. When selecting an alternative feeding method, clinicians should consider several criteria:
   a. cost and availability
   b. ease of use and cleaning
   c. stress to the infant
   d. whether adequate milk volume can be fed in 20–30 minutes
   e. whether anticipated use is short- or long-term
   f. maternal preference
   g. expertise of healthcare staff
   h. whether the method enhances development of breastfeeding skills.
4. There is no evidence that any of these methods are unsafe or that one is necessarily better than the other. There is some evidence that avoiding teats/artificial nipples for supplementation may help the infant return to exclusive breastfeeding.

Resources

1. Kellams A, Harrel C, Omage S, Gregory C, Rosen-Carole C, Academy of Breastfeeding Medicine. ABM Clinical Protocol #3: Supplementary feedings in the healthy term breastfed neonate, revised 2017. Breastfeed Med. 2017;12)188–98. doi:10.1089/bfm.2017.29038.ajk.
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