Supplementary Feeds for Healthy, Full Term Babies



English July 2024

In the first six months, any feeds given in place of or in addition to breastfeeds are called supplementary feeds. The World Health Organization recommend exclusive breastfeeding until around six months of age, the slow introduction of family foods from around six months, and continued breastfeeding until the age of two years and beyond. If your baby is unable to take a feed directly from the breast, expressed breast milk is the best option. However, some mothers choose to give their baby infant formula during this time.

Breast milk is a complete food and provides all your baby's nutritional needs for the first 6 months. Breast milk satisfies both hunger and thirst; extra water is not needed. Supplementary feeds of water or infant formula can interfere with breastfeeding and are not recommended for well babies.

Exclusive breastfeeding is important because

- Breast milk is vital to the development of a healthy infant gut. Babies who are given formula
 have significant differences in their microbiome from babies who are exclusively breastfed. An
 unhealthy microbiome interferes with the development of the immune system and increases
 the risk of your child later developing conditions including obesity, diabetes, metabolic
 syndrome, and allergies.
- Breast milk increases baby's resistance to infection and disease. Any infant formula interferes
 with the protection against infection that colostrum and breast milk provide. Giving formula
 increases the risk of baby experiencing respiratory infections, asthma, and gastrointestinal
 infections.
- Allergies and food reactions in infants can happen and may be associated with a variety of foods including introduction of commercial milk formula.
- Infant formula is more slowly digested than breast milk. Your breasts make milk in response to your baby's sucking and removing milk from your breasts. The more milk the baby takes, the more milk you will make.

Giving formula feeds to a baby who is breastfeeding (partial breastfeeding)

- If you would like to give formula to your baby who is also breastfeeding, it is important to ensure baby takes as much milk at the breast as possible.
- Discuss this with your lactation consultant, midwife, or nurse. There may be a way to protect your milk supply while giving formula.
- During your hospital stay you will be asked to sign a consent form if you do choose to give formula to your breastfeeding baby. You may be advised to offer both breasts at every feed and put baby back to the breast after giving formula.
- Avoid giving supplementary feeds unless they are medically necessary. Supplementary feeds will reduce your baby's needs to suck at the breast and reduce your milk supply.
- Cup feeding your baby or supplementing with a supply line on the breast would help to minimize the risks of using a bottle and teat.

To establish a good supply of breast milk

 Breastfeed frequently, whenever your baby seems hungry. Most young babies feed 8 - 12 times in 24 hours.

- In the early days offer both breasts at every feed. If baby still seems hungry offer one or both breasts again.
- Once your breast milk increases, encourage baby to soften the first breast (baby will stop sucking and swallowing and will let go of the breast), then offer the second breast. If baby still seems hungry you can offer one or both breasts again.
- Breastfeed your baby at night as your hormones are higher and this will really help to build your
 milk supply. Babies who are breastfed at night fall back to sleep more quickly than those that
 receive only a bottle. Breastfeeding at night also helps prevent your breasts becoming too full
 and uncomfortable.
- Most women have enough milk in the breast 30 minutes after a feed to give a 'top up' breastfeed.
- Use of a dummy or bottle can stop a baby sucking well in the early days of breastfeeding. If your baby needs extra milk, try using a cup instead of a bottle.

Studies have shown that breastfeeding a healthy baby according to baby's need:

- Encourages early milk production.
- Decreases the likelihood of jaundice.
- Helps baby gain weight.
- Helps you breastfeed for longer.

If you are concerned about not having enough milk for your baby

- Ask your midwife, nurse, or lactation consultant to watch you feed your baby and check your baby's attachment to the breast and milk transfer.
- Offer both breasts twice at each feed.
- Express after feeds and give breast milk as a top up.
- Offer a breastfeed instead of a dummy.
- Increase skin-to-skin contact before, during, and after feeds.
- Read the brochure: Increasing your breast milk supply.

Did you know?

Babies need to feel secure and cared for. Babies like to be held and may cry when they are put down. This does not mean they are not getting enough milk. Ask your midwife or child and family health nurse about techniques you, your partner and support people can use to help settle your baby.

Breastfeeding is a new experience for you and your baby. Allow some time for you and your baby to learn to breastfeed and seek support if you are having any difficulties.

Resources

Your Midwife, Child and Family Health Nurse, or Lactation Consultant

Australian Breastfeeding Association <u>www.breastfeeding.asn.au</u> Helpline: 1800 686 268.

Raising Children Network www.Raisingchildren.net.au

Global Health Media Videos: www.globalhealthmedia.org

Australian Infant Feeding Guidelines (2012) www.eatforhealth.gov.au

If you need an interpreter, please call Translating and Interpreting Service (TIS) on 131 450

Endorsed October 2024. Reviewed by consumers in development stage October 2024.