Supplementation of Term Breastfed Infants

Purpose: To outline the nursing management of the term breastfed baby who needs supplementary or complementary feedings.

Definitions: Supplementary Feedings (SF): Feedings provided in place of breastfeeding. Complimentary Feedings (CF): Feedings provided in addition to breastfeeding.

Responsibility: Maternal-Newborn Services Nurses & Lactation Consultants

POLICY:

1. A breastfed infant shall receive SF or CF according to pediatrician’s or neonatologist’s orders.
2. A breastfed infant may receive SF or CF at mother’s request after mother has given informed consent if SF or CF are not medically indicated.
3. If a non-medically indicated SF or CF is provided, the nurse caring for the mother will provide information regarding the risk of early SF or CF to successful breastfeeding.
4. Informed maternal consent will be documented.
5. All SF or CF will be documented including content, volume, method & medical indication or reason.
6. If SF or CF is necessary, mother will be provided with instruction and encouragement to pump or manually express her milk to stimulate production and to provide expressed breastmilk as soon as possible for the infant.
7. Expressed breastmilk (EBM) is the first choice for SF or CF.
8. Infant formula will be used if EBM is not available.
9. Infants should be fed volumes that coincide with the average reported intakes of colostrum in healthy breastfed infants as follows:
   a. 1st 24 hours 2-10 ml
   b. 25-48 hours 5-15 ml
   c. 49-72 hours 15-30 ml
   d. 72-96 hours 30-60 ml
   Infant satiation may also be taken into consideration.
10. If a CF or SF is necessary for the breastfed infant, the use of a bottle teat will be discouraged. Mother will be informed of the risk to effective breastfeeding, and informed consent will be documented if mother chooses a bottle for CF or SF.
11. The following methods are preferred for breastfeeding SF/CF:
   a. Cup Feeding
   b. Syringe/Finger Feeding
   c. Spoon Feeding
   d. SNS Feeding
12. When SF or CF are ordered or requested, a lactation consult is indicated.
13. Once a method of feeding is chosen, mother will be instructed in proper use and cleaning of equipment.
BEHAVIORS:

1. If mother requests SF or CF of her breastfeeding infant, reasons will be explored, and risks reviewed if SF or CF are not medically indicated.
2. A lactation consult will be made when a breastfed infant begins SF or CF.
3. When SF/CF have been initiated, lactation services will continue to evaluate feedings daily.
4. Once SF/CF are determined to be appropriate, alternate feeding methods will be discussed with mother, and use of artificial teat discouraged.
5. Once the method of SF/CF has been chosen, mother will be instructed as follows:

   SNS:
   
   Review the product insert instruction sheet with mother for the Use and Cleaning of the SNS.

   CUP FEEDING:
   
   1. Sit baby upright on your lap with baby’s head supported while you have one hand behind his shoulders and neck
   2. Use a small medicine or silicone cup and place small amount of EBM or formula in cup
   3. Place the edge of the cup gently on baby’s lower lip
   4. Bring the liquid to baby’s lower lip so baby will be able to lap it up. Do not pour the liquid into the baby’s mouth.

   SYRINGE/FINGER FEEDING:
   
   1. Draw up EBM or formula into a PO syringe.
   2. While baby is sucking on a clean (parent) or gloved (RN) finger, place the PO syringe at the corner of the infant’s mouth and slowly administer liquid.
   3. Alternately, infant may suck on PO syringe without the use of the clean or gloved finger.

   SPOON FEEDING:
   
   1. Instruct mother on manual expression of colostrum/ EBM to infant feeding spoon.
   2. Place spoon to infant’s lips and allow infant to suck or lap milk from spoon. If SF/CF are necessary beyond discharge, mother will be provided with information on appropriate post-discharge breastfeeding support services.

REFERENCES:


ABM Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, revised 2009.