



CLINICAL PRACTICE GUIDELINE

Breastfeeding: Supply line for supplemental feeding

This document should be read in conjunction with this [Disclaimer](#)

Aims

- To nurture the mothers confidence in her ability to breastfeed
- To maintain baby's willingness to feed at the breast when supply is low, by delivering a supplemental feed, maintaining skin to skin and avoiding the use of artificial teats

Key points

1. The decision to use a supply line must be discussed with a Lactation Consultant to determine suitability of use.
2. The baby must be willing and able to attach and effectively breastfeed
3. The mother needs a positive attitude, a keen desire to breastfeed and support, as learning to use the supplementer can be challenging initially
4. Advantage of using a supply line is providing a supplemental feed whilst simultaneously stimulating the breast to produce more milk

Indications

Maternal

The supply line may be offered to women when:

- they wish to stimulate or supplement their lactation when breastfeeding
- lactation is compromised by low supply
- relactating after a separation or interruption to breastfeeding
- inducing lactation following adoption.

Baby

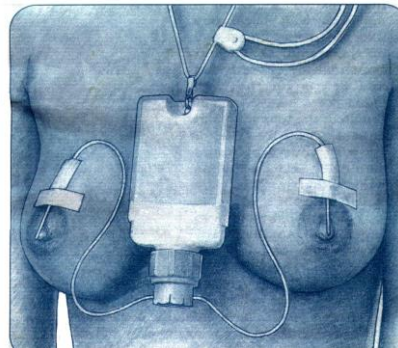
The supply line may benefit the baby who:

- is able to attach effectively at the breast but transfers suboptimal milk volumes
- is recovering from illness or surgery
- is adopted
- has lost weight or is slow to gain weight

- is able to attach and breastfeed but needs to be supplemented for medical reasons.
- may need sucking organisation and patterns improved

Equipment and procedure

1. There are several commercial options available, follow the manufacturer's instructions for use
2. Discuss with the mother the options available
3. Wash and dry hands thoroughly
4. Prepare equipment and demonstrate the use of the supply line
5. Ensure privacy
6. Place the tubing onto the breast with the tip of the tubing slightly beyond the nipple, secure with tape avoiding both the nipple and the areola
7. Guide the mother with position and attachment to ensure the baby takes the nipple, areola and tubing into his/her mouth. The tubing should enter the side of the baby's mouth together with the nipple/areola
8. If the device chosen has a choice of tubing sizes the larger size is used for a preterm baby, a disorganised infant or one who requires an easier flow. As the sucking improves, decrease the sizes
9. The milk container can be elevated or lowered to adjust the milk flow speed



Care of equipment

1. At the completion of the feed disassemble and rinse all the equipment in cold water
2. Using hot soapy water clean all the parts, attention to forcing hot soapy water through the tubing and then rinsing well by again forcing cold tap water through the tubing.
3. Sterilisation is required if using formula

Follow up

- Encourage regular follow up to monitor growth and regulate/decrease supplement
- Some babies will require supplementation for the breastfeeding duration

References

Bibliography

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Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines: Newborn Feeding: Breastfeeding
WNHS Policy: Breastfeeding

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