

BFHI STEP 6 – Do not give breastfed newborns any food or fluids other than breastmilk, unless medically indicated

Key points
1. Exclusive breastfeeding is the norm. In a small number of situations there may be a medical indication for supplementing breast milk or for not using breast milk at all.
2. Feed according to need approximately 8-12 times in 24hrs.
3. Each mother – infant pair shall be treated as individuals with their own particular needs and abilities.
4. Colostrum is the baby’s first food. No other liquids are necessary for the healthy term breastfed infant.
5. The total intake of colostrum secreted in the first 24 hours is approximately 30mL in total. This gradually increases as secretory activation occurs.
6. Food or drink other than breast milk:
   - May interfere with newborn suckling
   - Reduces the frequency of breastfeeding
   - Reduces breast stimulation and therefore milk supply
   - Is known to reduce the duration of breastfeeding
   - May undermine the mother’s confidence
7. Some infants take a few days to establish a good sucking technique. Until that occurs, the colostrum / breast milk needs to be expressed and given to the baby.

Infants who should not receive breast milk
- Classic galactosemia: a special galactose-free formula is needed as these babies are unable to metabolise lactose
- Maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed
- Phenylketonuria: a low-phenylalanine formula is needed in addition to breast milk
Supplementation

- Formula is not required in the first 24 hours in a healthy term breastfeeding newborn.
- Expressed breastmilk is the first choice if supplementary feeds are required. See guideline: O&G: Newborn feeding: Expressing.
- Formula supplementation should only be given if there is an acceptable medical indication AND there is insufficient expressed breastmilk available.
- Supplementary feeds, if required, should be given by cup or finger feed.
- Avoid the use of bottles and teats as these may negatively affect the establishment of breastfeeding.

Acceptable medical reasons for supplement

Breastfeeding infants who may need supplementing in addition to breast milk for a limited period:

- very low birth weight infants (those born weighing less than 1500g)
- very preterm infants, those born less than 32 weeks gestational age
- newborn infants who are very weak, have sucking difficulties or oral abnormalities, or are separated from their mother who is providing expressed milk
- newborn infants who are at risk of hypoglycaemia due to impaired metabolic adaptation or increased glucose demand - see CAHS Postnatal Ward Hypoglycaemia guideline for list of infants at increased risk, management of energy provision and monitoring
- the vulnerable baby – see guideline link for examples
- infants who have experienced significant intrapartum hypoxic/ischaemic stress, or are ill / unwell
- newborn infants for whom breast milk is not available.
- maternal conditions that affect breast feeding recommendation

Mothers who may need to avoid direct breastfeeding temporarily but continue expressing to avoid stasis and maintain supply

- severe illness
- herpes simplex virus type 1 (HSV-1): avoid direct contact between lesions on the mother's breasts and the infant's mouth until lesions have resolved
- maternal medication: refer to KEMH pharmacy (available through HealthPoint)
- radioactive iodine-131 is better avoided given that safer alternatives are available
- excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, may result in thyroid suppression or electrolyte abnormalities for the breastfed infant
- cytotoxic chemotherapy requires the mother to cease breastfeeding during therapy
Mothers who can continue breastfeeding, although health problems may be of concern

When breast feeding has to be temporarily delayed or interrupted, mothers should be helped to establish and/or maintain lactation, by hand expressing or use of an electric pump, to prevent milk stasis and maintain milk supply

- Hepatitis C: Breast feeding is considered safe; mothers should be warned of the increased risk of transmission if they have any inflammatory process, cracked nipples, engorgement and mastitis, mothers should not breast feed until these are resolved. Formula is required and the mother should express and discard her milk. See guideline: O&G: Newborn feeding: Expressing

- Mastitis: continue breastfeeding and express the breasts with a hospital grade electric pump See guideline: O&G: Newborn feeding: Expressing

- Breast abscess: breastfeeding and expressing should continue whilst receiving treatment See guideline: O&G: Newborn feeding: Expressing

- Breast surgery: Early effective breastfeeding and expressing to stimulate the milk supply, may find it necessary to use formula to supplement breast milk

- Bilateral breast hypoplasia: Early effective breastfeeding and expressing to stimulate the milk supply, the infant may need formula to ensure adequate nutrition.

Maintaining lactation

Note: When breast feeding has to be temporarily delayed or interrupted, mothers should be helped to establish and/or maintain lactation, by hand expressing and using an electric breast pump in preparation for the time when breast feeding may begin or be resumed

HIV infection

- Exclusive formula feeding commencing from birth, is the recommended method of infant feeding in Australia as it is acceptable, feasible, affordable, sustainable and safe. (AFASS) 1 and 4

- Although exclusive formula feeding is always recommended, in rare circumstances a mother may choose to breast feed. In these cases, exclusive breast feeding must occur. If a mother chooses to breastfeed her baby a referral to the Breast Feeding Centre should be made in the antenatal period to provide ongoing lactation support.

- No mixed feeding (breastfeeding while also giving other fluids, formula or foods). Mixed Feeding should always be avoided by HIV-infected mothers due to increased risk of mother to child transmission.

- If an infant of a mother who is HIV positive has to have formula for medical reasons, the mother must cease breastfeeding immediately. See Suppression of Lactation guideline.
• The planned method of feeding, made in association with the mother, must be documented in the “Antiretroviral Regimen and Management Plan for Neonate” with the appropriate ART regimen, decided on by the allocated paediatrician.

• See also: HIV Positive: Management of the Woman and her Neonate guideline

Giving a formula feed to a breastfed baby

1. Formula feeds are not recommended for the well breast-fed newborn. Studies have shown that breast feeding a healthy term newborn on demand in the first 3 days, without giving formula:
   • encourages early milk production
   • supports appropriate weight gain
   • is associated with a longer and more successful lactation

2. If the mother wishes to give her well newborn a formula feed for personal reasons she must provide her own formula.

3. If a supplement is given to a breastfed baby it is¹:
   • For an acceptable medical reason (see examples in this guideline), which has been documented, or
   • At the mother’s request, after she has made an informed decision which has been documented

4. Documentation of supplementation is to include:
   • Amount given¹
   • Circumstances and reason/s for supplementation¹
   • Mother’s request or consent for supplementation¹
     ➢ Where signed consent is used, that should be included.¹
     ➢ Within WNHS, it is recommended that all mothers whose breastfeeding babies receive formula for medical indications should sign permission.
     ➢ If formula is ordered for medical reasons the ‘Mothers Consent Stamp’ (kept on the ward) should be used in the baby’s notes.

I GIVE PERMISSION FOR MY BABY TO HAVE INFANT FORMULA.

I UNDERSTAND THE REASONS WHY IT IS BEST AVOIDED UNLESS MEDICALLY INDICATED.

PLEASE PRINT NAME

SIGNATURE DATE
References


Bibliography


BFHI Australia. Standards for implementation of the Ten Steps. 4 – 2009.


Related WNHS and CAHS policies, procedures and guidelines

WNHS Breastfeeding Policy

KEMH Clinical Guidelines: Obstetrics & Gynaecology: Newborn Feeding

CAHS Neonatology guidelines:

- Postnatal Ward guideline: Hypoglycaemia
- Pasteurised Donor Human Milk (PDHM) guidelines for supplementation in the NICU
- Neonatal Nutrition Room Guidelines

Useful resources (including related forms)

Formula Consent Stamp
Newborn feeding: Medical indications for formula

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