



NEWBORN FEEDING

BREAST FEEDING AIDS

SUPPLY LINE TO SUPPLEMENT FEEDING

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.

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 breastfeed
3. The mother needs a positive attitude and a keen desire to breastfeed as learning to use the supplementer can be difficult at first

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
- establishing lactation following adoption.

BABY:

The Supply Line may benefit the baby who:

- has lost more than 10% of birth weight
- is recovering from illness or surgery
- is adopted
- has not regained birth weight by 2 weeks of age
- any baby who is able to breastfeed but needs to be supplemented for medical reasons.

EQUIPMENT

The supply line [otherwise known as a nursing supplementer or Supplementary Nursing System (SNS)] consists of:

1. a container that holds expressed breast milk or infant formula. The container is suspended around the neck by a cord and held between the breasts
2. a silicon tube leads from the lid of the container to the nipple where it is attached with a strip of hypo allergenic paper tape (e.g. Micropore)



As the baby feeds she / he draws the milk from the container via the tube, thus giving her / him supplementary nourishment and a reward for sucking at the breast.

PROCEDURE	USE OF THE SUPPLY LINE AND EQUIPMENT
<ol style="list-style-type: none"> 1. Discuss with mother and demonstrate the use of the supply line and equipment 2. Ensure privacy and minimise interruptions. Wash and dry hands thoroughly 3. Prepare equipment and necessary formula before the baby becomes hungry or fussy, and the mother anxious. 4. Hang bottle around mother's neck with the neck cord and adjust length so that the top of the bottle is level with nipples. 5. Ensure that the tubing has a loop between bottle and the nipple. 6. Place the tubing, one for each breast, with the tip level at a point 6mm beyond the top of nipple. Secure with tape avoiding both nipple and areola. 	<p>To avoid stretching when positioning tubing.</p>

7. Position baby “chest to chest” in supported position
8. Release tubing on the breast being offered to baby and assist baby to attach.
9. As the baby sucks, a negative pressure will build and the milk will siphon out of the bottle.
10. Offer the second side

The tip of the supply line should enter the side or top of the baby’s mouth as the nipple enters.

If the baby stops sucking, the milk will run back up the tubing and stop flowing.

11. Care of equipment

- When each feed is completed, rinse the equipment in cold water.
 - Fill SNS full of warm soapy water, replace attachment ring and tubing and force water through tubing.
 - Refill with clean water and again force water through tubing.
 - Squeeze the empty bottle a few times to remove water droplets from the tubing.
 - Completely disassemble and clean remaining parts with soapy water.
 - Rinse well and drain dry on a clean towel.
 - Inspect tubing to ensure all traces of milk have been removed.
 - Sterilise between uses if formula is being given.
12. Record the volume taken on baby’s feed chart.

CLEANING OF MEDELA TUBING OR A.B.A. TUBING AND CAP

IN HOSPITAL

- Use one supply line tubing for each mother and baby pair.
- Do not re-use for another mother and baby.
- Must be cleaned as described above.

HOME CLEANING

- Use one supply line tubing for each mother and baby pair.
- Clean and sterilise as described above.

REFERENCES / STANDARDS

1. Brodribb W. **Breastfeeding Management**. Third ed. Melbourne: Ligare Pty Ltd; 2004.
2. Lauwers, J and Swisher, A. Counselling the Nursing Mother. **A Lactation Consultant's Guide** 6th edition. Jones&Bartlett Learning.2016

National Standards – 1 Clinical Care is Guided by Current Best Practice
 Legislation - NIL
 Related Policies - Nil
 Other related documents – [KEMH Newborn Feeding](#)

RESPONSIBILITY

Policy Sponsor	Nursing and Midwifery Director- OGCCU
Initial Endorsement	May 2003
Last Reviewed	January 2016
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