



CLINICAL PRACTICE GUIDELINE

# Breastfeeding: According to need

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

## BFHI Step 8 - Encourage breastfeeding on demand

### Key points

1. No restrictions should be placed on the frequency or length of a baby's breastfeeding if the baby is **healthy and born at term** and feeding effectively. Restricting breastfeeding frequency and duration are detrimental to establishing breastfeeding
2. Mothers should be advised to feed their baby whenever the baby is hungry or as often as the baby shows readiness to feed. Midwives guide mothers to identify early feeding cues before crying.
3. Observe for and educate the mother regarding effective sucking, swallowing and signs of milk transfer.
4. Length of feeds may vary greatly and this does not indicate feeding effectiveness.
5. Long intervals (>6 hours) between feeds should be avoided as this may negatively affect the establishment of an adequate breast milk supply and contribute to weight loss, jaundice, lethargy or an unsettled baby.
6. Continued skin-to-skin contact during the postnatal stay can facilitate effective establishment of breastfeeding.
7. Formula supplementation is not required in the first 24 hours in the healthy term newborn.
8. Factors such as mother's milk supply, baby's position and attachment must be considered when assessing the frequency of feeds.
9. Offer both breasts at each feeding, particularly when establishing lactation; alternating the starting side. Allow the baby to finish the first breast before offering the second. The baby may need a short break before taking the second breast.
10. Many newborns have times when they wish to feed very regularly, particularly at night. This is **normal**, often referred to as cluster feeding and assists with increasing the mother's milk supply
11. If a baby does not show interest in suckling after birth, maintain skin to skin contact and commence expressing colostrum to give to the baby.
12. Give the mother a written breastfeeding plan to follow.

## References

1. NHMRC. Eat for Health Infant Feeding Guidelines. Information for health workers. 2012.
2. Fallon A, Van der Putten D, Dring C, Moylett EH, Fealy G, Devane D. [Baby-led compared with scheduled \(or mixed\) breastfeeding for successful breastfeeding](#). Cochrane Database Syst Rev. 2016;(9):CD009067. doi:10.1002/14651858.CD009067.pub3.
3. Watson J, McGuire W. [Responsive versus scheduled feeding for preterm infants](#). Cochrane Database Syst Rev. 2016;(8):CD005255. doi:10.1002/14651858.CD005255.pub5.

## Related WNHS policies, procedures and guidelines

WNHS Breastfeeding Policy

KEMH Clinical Guidelines: Obstetrics & Gynaecology: Newborn Feeding

## Useful resources (including related forms)

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