



CLINICAL PRACTICE GUIDELINE

# Newborn feeding: Medical indications for formula feeds

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

**BFHI STEP 6 – Give newborn infants no food or drink other than breast milk, 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 the 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, teats or pacifiers 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:
  - the late preterm infant
  - infants who have experienced significant intrapartum hypoxic/ischaemic stress
  - infants who are ill unwell
  - infants whose mothers are diabetic, if their blood sugar fails to respond to optimal breastfeeding or breast milk feeding.
- newborn infants for whom breast milk is not available- donor milk from the human milk bank is the preferred option if 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](#)
- 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.

### **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.
- 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.

## 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

## Giving a formula feed to a breast fed baby

1. Formula feeds are not recommended for the well breast fed newborn.
2. 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
3. If the mother wishes to give her well newborn a formula feed for personal reasons she must provide her own formula.
4. If formula is ordered for medical reasons, the 'Mothers Consent Stamp' (kept on the ward) must be used in the baby's notes.
5. All mothers whose breastfeeding babies receive formula must sign permission.

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

1. National health and Medical Research Council. 2012. Infant Feeding Guidelines for Health Workers. 344-345.
2. BFHI Australia. Standards for implementation of the Ten Steps. 4 – 2009.
3. ABM Protocol # 3: Supplementary feedings in the healthy term breastfed neonate. Revised 2017. Breastfeeding Medicine.
4. Addendum for Australia ACM – BFHI Handbook for Maternity Facilities Baby Friendly Health Initiative, Australia. Updated 2016 incorporating the revised World Health Organisation (WHO) & UNICEF Global Standards for BFHI.

## Related WNHS policies, procedures and guidelines

WNHS Breastfeeding Policy

KEMH Clinical Guidelines: Obstetrics & Gynaecology: Newborn Feeding

## Useful resources (including related forms)

Formula Consent Stamp

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