MINIMISING SUPPLEMENTATION IN THE EARLY DAYS AFTER BIRTH

These brief education refresher sheets are designed for staff as a teaching aid during the coronavirus outbreak. Staff may include return to practice midwives or health visitors, students who have been fast-tracked to practice or health care assistants who have been redeployed into postnatal care within hospital or community settings. This information is an interim measure to help staff provide support and does not replace training. The links and information provided can be used by staff and shared with parents.

SUPPLEMENTATION OVERVIEW

Before the introduction of the Baby Friendly Initiative, routine supplementation was common practice in maternity units. Together with routine separation of mothers and babies and strict rules around length and frequency of feeds, this resulted in widespread undermining of breastfeeding and subsequent low breastfeeding rates in the UK.

Basic understanding of the physiology of breastfeeding shows that early, frequent and effective breastfeeding is essential to successful milk production. Support with positioning and attachment is key to ensuring that breastfeeding gets off to a good start.

Unnecessary supplementation with infant formula will interfere with this physiology, resulting in less frequent feeds. Introducing infant formula changes the gut flora of the baby, making them more susceptible to infections and/or allergies and can also undermine a mother's confidence in her ability to breastfeed.

If the infant formula is given by bottle, this can also interrupt in some babies the process of familiarising, imprinting and learning to breastfeed through what is sometimes referred to as 'nipple/teat confusion'.

HELPING MOTHERS

If a mother asks for a supplement of infant formula for her baby, it may be because she is feeling exhausted or overwhelmed following a potentially long labour or difficult birth. Sensitivity and compassion are needed to acknowledge this, followed by gently offering options or alternatives. Revisiting her breastfeeding goals and gently reminding her of the impact infant formula can have on her milk supply may help her make an informed decision.

HELPFUL SUGGESTIONS

These suggestions can help to maximise breastmilk use and minimise the use of supplements:

- Encourage skin-to-skin contact as this will help calm the mother and baby and stimulate milk production. Skin-to-skin is always worth suggesting as a first option.
- Offer support with positioning and attachment. When the baby is effectively attached, you should see the baby swallow. Effective milk transfer will lessen the need for supplementation.
- Suggest a laid-back position which encourages a baby's natural feeding reflexes and enables a mother to rest and relax. The mother lies in a semi-reclined position with the baby placed between her breasts so he can begin to search and make his way to the breast.
- Show the mother how to hand express breastmilk which can be given to the baby by syringe (small amounts only) or by alternative means, e.g. cup or spoon depending on local guidelines.
- If the baby and mother are very distressed, staff can offer the mother a warm drink and help settle the baby. Do not remove the baby from the mother as this will undermine her confidence, cause distress for the baby and is an unsafe practice as staff cannot provide constant observation on a busy postnatal ward.
- If after discussing or trying out these options the mothers still requests that her baby is given infant formula, offer a small amount, preferably by cup, and review the situation at the next feed. Continue to offer support and reassure the mother that she can continue to fully breastfeed.

NOTE: Ideally, conversations about the impact of supplementation should take place during pregnancy rather than presenting new information after birth when mothers might be feeling overwhelmed with feeding and caring for their new baby.

SUPPLEMENTATION FOR CLINICAL REASONS

There might be clinical reasons that require a baby to be given a supplement of infant formula. Expressed breastmilk or donor milk should always be the first choice, but concerns about the safety of the baby might make it necessary to introduce infant formula supplements.

Local trust policies and guidelines should be followed and supplementation kept to a minimum, with additional support provided to continue to establish lactation.

If the mother is unwell or unable to feed or provide breastmilk in the immediate postnatal period, supplementation with donor breastmilk (if available) or infant formula will also be necessary.

As soon as possible, the mother can be supported to re-lactate and/or initiate her milk supply and provide her milk for her baby through expression and/or breastfeeding. See the Unicef UK Baby Friendly Initiative maximising breastmilk and supporting re-lactation resource.

Continuously review the situation at each feed, ensure support with breastfeeding and reassure the mother that she can continue to fully breastfeed. Refer to your local guidelines for details on particular elements of practice.

USEFUL RESOURCES

- Hypoglycaemia policy guidelines: bapm.org/resources/40-identification-and-management-of-neonatal-hypoglycaemia-in-the-full-term-infant-2017
- ATAIN: e-lfh.org.uk/programmes/avoiding-term-admissions-into-neonatal-units
- Unicef UK Baby Friendly Initiative Breastfeeding assessment tool: unicef.org.uk/babyfriendly/baby-friendly-resources/