

STEP SIX

BREASTMILK ONLY FOR NEWBORNS

Avoid giving breastfed newborns any food or fluids other than breastmilk unless clinically indicated.

HIPANGA 6

Me mutu te hoatu i ngā kai i ngā inu rānei ehara i te waiū ki te kōhungahunga, hāunga anō ngā wā e tika ana mō te ora.

Review date: November 2024

Te Whatu Ora Waitaha commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding policy, at each review.

PURPOSE

To ensure that breastfed pēpi are not given supplementary feeds without a clinical indication and informed consent.

RESPONSIBILITY

The breastfeeding policy and guidelines are applicable to all Te Whatu Ora Waitaha employees working within maternity facilities and the neonatal service including visiting health professionals and students.

GUIDELINE

Exclusive breastfeeding for the first six months followed by timely initiation of adequate, safe and properly fed complementary foods while continuing breastfeeding for at least two years of age and beyond, provides the best health outcomes for both māmā and pēpi.

Supplementary feeds for a breastfed pēpi that are **not clinically indicated** can interfere with the establishment of lactation and alters the infant's intestinal microflora. Pēpi who are supplemented prior to discharge have been found to be twice as likely to stop breastfeeding altogether in the first six weeks of life. (NZBA BFHI Docs, 2020)

Staff must be able to differentiate between pēpi who may clinically need supplementation and those who are unlikely to do so, and describe clearly the appropriate management in each case. Inappropriate supplementation is less likely when the rest of the 'Ten Steps to Successful Breastfeeding' are implemented to a high level.

Skilled carers can empower māmā by providing information and reassurance about feed frequency in the early days, finding positions which enable māmā to both rest and breastfeed and how to settle their pēpi – therefore avoiding unnecessary supplementation.

Sound policies must exist for the management of at-risk pēpi. Guidance may take the form of policies or guidelines such as [Hypoglycaemia of the Newborn](#) (GLM0056).

(WHO/UNICEF, 2009) Acceptable clinical reasons for supplementation with infant formula may include pēpi with:

- Very low birth weight (born < 1500 grams)
- Very pre-term gestation (born < 32 weeks)
- Indications of hypoglycaemia which do not improve through increased breastfeeding, being given expressed breastmilk, or buccal dextrose gel, or where sufficient breastmilk is unavailable
- Severe hyperbilirubinemia
- Acute clinical dehydration
- Rare metabolic conditions such as galactocaemia, maple syrup urine disease and phenylketonuria where pēpi will need medical consultation and may require special formula.
- Management of pēpi with excessive weight loss include consideration of use of Infant Formula. Refer to the [Neonatal Clinical Resource – Maternity](#) (Ref.2403289)

And pēpi whose māmā:

- Have an illness or condition precluding breastfeeding, eg. untreated active Tuberculosis, Lyme Disease
- Have HIV (Refer Maternity Guideline: [Management of HIV-Infected Women During Pregnancy and Childbirth](#) (GLM0033))
- Are receiving cytotoxic chemotherapy or radioactive iodine
- Are taking medication which is contraindicated whilst breastfeeding and for which there is no safe alternative
- Have a condition affecting exclusive breastfeeding, eg. primary glandular insufficiency or breast surgery
- Are absent or severely ill, and where expressed breastmilk is not available.

Where supplementation with formula is **clinically indicated**, māmā and her whānau are provided with appropriate feeding options ([Ref.2408123](#)) and guidance on the safe handling, preparation and storage of infant formula and feeding equipment.

SUPPLEMENTS FOR THE BREASTFEEDING INFANT

Expressed breastmilk from māmā should always be the **first** option for supplementing breastfeeding. Hand and/or electric breast pump expressing should be taught to māmā and whānau and encouraged, increasing the confidence of māmā, whānau and staff in the ability of breastmilk to meet pēpi' needs.

Canterbury District Health Board Neonatal Service has a pasteurised human breastmilk bank.

Pasteurised donor breastmilk is available within the neonatal service and the maternity ward on a sliding scale of clinical need, dependent on availability, for māmā and whānau who have the intention to exclusively breastfeed for six months (for maternity [Ref.2403664](#) and for neonatal [Ref.2405858](#))

INFANT FEEDING HIERARCHY FOR SUPPLEMENTAL FEEDING

- Māmā own fresh expressed breastmilk
- Māmā own frozen expressed breastmilk
- [Pasteurised Donor Breastmilk](#) (Ref.2403664)
- Screened unpasteurised donor breastmilk (refer to [Use of Donor Breastmilk \(Unpasteurised\) Policy](#) Ref.2400411 (6668))
- Unscreened unpasteurised breastmilk from a known donor (refer to [Use of Donor Breastmilk \(Unpasteurised\) Policy](#) Ref.2400411 (6668))
- Infant formula

WHERE INFANT FORMULA SUPPLEMENTATION BEYOND EXPRESSED BREASTMILK FROM MĀMĀ IS CLINICALLY INDICATED

Refer to [Consent Information – Infant Formula for Your Baby](#) (Ref.2407639)

Follow the flow chart for [Administration of Infant Formula](#) (Ref.2407641)

MATERNITY SERVICE – WHERE INFANT FORMULA SUPPLEMENTATION IS REQUESTED BY MĀMĀ AND WHĀNAU WITHOUT A CLINICALLY INDICATED REASON

Refer to [Consent Information – Thinking About Infant Formula](#) (Ref.2407640)

Follow the flow chart for [Administration of Infant Formula](#) (Ref.2407641)

Breastmilk volume requirements for term pēpi – at least 8 times in 24 hours

The following volumes are supportive of the physiological stage of the newborn pēpi and can help guide appropriate supplementary feed volumes for the **well, term pēpi** who is not growth restricted.

AGE OF BABY	INFANT INTAKE	24 HOUR VOLUME PRODUCED
0-24 hrs	2-10ml per feed	37 mL (7-123 mL)
24-48 hrs	5-15 mL/feed	84 mL (44-335 mL)
48-72 hrs	15-30 mL/feed	408 mL (98-775 mL)
72-96 hrs	30-60 mL/feed	705 mL (452-876 mL)

How supplements are given is dealt with under the [Breastfeeding Guideline Bottles Teats and Pacifiers](#) (GLB09).

AUDIT

Audit is crucial to ensuring high standards of care for māmā and pēpi.

Audit of Infant Feeding Record, and interview of māmā (with consent) will be regularly undertaken.

A record of formula purchases will be maintained as per [Step 1 – The Code, the Policy and Ongoing Monitoring](#) (GLB01).

Audit of pēpi discharging as partial feeding will be conducted on a regular basis whenever exclusive breastfeeding rates fall below 75%.