

University of Kentucky / UK HealthCare Departmental Policy and Procedure	Policy # OB08-38
Title/Description: Newborn Supplementation Policy	
Purpose: To define the supplementation procedure for newborn feeding.	

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Policy

It is uncommon for breastfeeding newborns to need any supplementation during the first week; thus, routine supplements shall not be given to breastfeeding newborns unless ordered by a physician. Before non-medically indicated supplementation, mothers shall be informed of the risks of supplementing. The supplement shall be given by a method that is suited best for the mother and infant and shall be a defined amount. For mothers who choose partial breastfeeding, the request for formula for their babies shall be respected by the staff and their preference shall be documented in the chart.

Procedure

Indications for Supplementation

1. After 24 hours of life, if the infant has not latched on or fed effectively, the mother shall be instructed to begin to massage her breasts and hand express colostrum into the baby's mouth during feeding attempts. Skin-to-skin contact shall be encouraged. If the baby continues to feed poorly, hand expression by the mother or a double set-up electric breast pump shall be initiated and maintained every 3 hours or a minimum of 8 times in a 24 hour period. Any expressed colostrum or mother's milk shall be fed to the baby by an alternate method. Until the mother's milk is available, a collaborative decision shall be made among the mother, nurse, and healthcare professional regarding the need to supplement the baby.

2. Before any supplementary feedings are begun, it is important that a formal evaluation of each mother-baby dyad, including a direct observation of breastfeeding, is completed. There are only a few indications for supplementation in term, healthy infants. Inappropriate supplementation may undermine a mother's confidence about her ability to meet her infant's nutritional needs and lead to continued supplementation at home.
3. Medical Indications for Supplementation
 - (a) Illness resulting in separation of the mother and infant
 - (b) Maternal illness that interferes with Mom's ability to breastfeed
 - (c) Infant with inborn error of metabolism
 - (d) Infant who is unable to feed at the breast because of congenital malformation
 - (e) Maternal use of medications contraindicated with breastfeeding
4. Possible Indications for Supplementation
 - (a) Asymptomatic hypoglycemia unresponsive to breastfeeding attempts
 - (b) Significant dehydration
 - (c) Weight loss of 8-10% with delayed lactogenesis II
 - (d) Continued meconium stools on day 5
 - (e) Poor milk transfer despite adequate milk supply
 - (f) Hyperbilirubinemia related to poor intake
 - (g) Delayed lactogenesis (day 5) and inadequate intake
 - (h) Poor milk production secondary to breast pathology or breast surgery
 - (i) Intolerable pain during feedings unrelieved by interventions
5. Inappropriate Reasons for Supplementation
 - (a) Sleepy infant with fewer than 8-12 feedings in the first 24-48 hours with less than 7% weight loss and no signs of illness
 - (b) Healthy, term, appropriate for gestational age infant with bilirubin levels less than 18mg/dl after 72 hours of age when baby is feeding and stooling well and weight loss is less than 7%
 - (c) Infant who is fussy at night or constantly feeding for several hours
 - (d) Tired or sleeping mother

Source of Supplementation

1. Breast milk that is hand expressed or pumped is the first choice for supplementation.
2. Sufficient colostrum may not be available in the first few days, and thus formula may be used as supplementation.

Methods of Providing Supplementation

There are many methods to choose from depending on the length of need and the maternal preference. Below are the preferable tiers of supplementation.

1. Hand expression of colostrum into a spoon. Infant is fed via the spoon.
2. Finger feeding of colostrum or formula via syringe using the finger feeding technique.
3. Syringe feeding colostrum or formula.
4. Bottle feeding colostrum or formula via a bottle and nipple.

Volume of Supplemental Feeding

1. The volume of the supplemental feeding shall reflect the normal amounts of colostrum available depending on the age and size of the infant. Limiting the amount of supplement shall help to maintain the ultimate goal of breastfeeding.
2. Volume for term infants:
 - (a) 1st 24 hours—5-10ml after each breastfeed
 - (b) 24-48 hours—5-15ml after each breastfeed
 - (c) 48-72 hours—10-30ml after each breastfeed
3. Volume for late preterm infants:
 - (a) 1st 24 hours—5-10ml
 - (b) 24-72 hours—10-30ml

Frequency of Supplemental Feeding

1. If mom is able to breastfeed, she shall put the baby to breast ad lib (anytime infant shows hunger cues).
2. Supplementation shall be given after the breastfeeding attempt.
3. Mom shall be encouraged to pump or hand express breast milk regularly during the day to increase her milk supply. She shall do this every 3 hours during the day (or 8 times in 24 hours), with no more than one 5 hour interval at night.

Documentation of Supplementation

1. If a mother requests supplementation and/or it has been decided that supplementation is medically necessary, after appropriate education and evaluation have been given and documented in SCM, a physician's order shall be required.
2. The source, volume, method, and frequency of each supplementation shall be documented with each feeding. Breastfeeding assessments, teaching, and documentation shall be done each shift and as needed. After each feeding observed, the staff shall complete documentation regarding the feeding. Peripartum care of the breastfeeding couplet shall address and document infant positioning, latch, milk transfer, baby's daily weight, clinical jaundice, and all problems raised by mother. Other feedings not observed may be documented per maternal report.

3. If the baby is still not latching on well or feeding well when discharged to home, the feeding/expression/supplementation plan and routine breastfeeding instructions shall be reviewed and documented.

Discharge Education

1. If the baby is still not latching on well or feeding well when discharged to home, the feeding/expression/supplementation plan and routine breastfeeding instructions shall be discussed.
2. Before leaving the hospital, breastfeeding mothers shall be able to:
 - (a) Position baby correctly
 - (b) Latch the baby to the breast without pain
 - (c) State when the baby is swallowing milk
 - (d) State that the baby shall be feeding approximately 8-12 times every 24 hours
 - (e) State that the newborn shall have at least 6 urinations per day and three to four stools per day by the fourth day of life
 - (f) Manually express milk from their breasts or use a pump effectively
 - (g) Know when to call the physician
3. Mothers shall be given contact information from community resources and follow-up appointments shall be scheduled. All babies shall be seen for a visit on the third to fifth day of life, or within 24 – 72 hours after discharge. The newborn shall be assessed for jaundice, adequate hydration and age-appropriate elimination patterns.

References

1. ABM Clinical Protocol #3: Hospital Guidelines for the Use of Supplementary Feedings in the Healthy Term Breastfed Neonate, Revised 2009. The Academy of Breastfeeding Medicine Protocol Committee. Breastfeeding Medicine, Volume 4, Number 3, 2009.
2. ABM Clinical Protocol #10: Breastfeeding the near-term infant (35 to 37 weeks gestation), The Academy of Breastfeeding Medicine.
3. AAP Policy Statement: Breastfeeding and the use of Human Milk. PEDIATRICS, Vol. 115, No. 2, February 2005, pp. 496-506.
4. Newborn Nursery/Breastfeeding Preventative Management Guidelines for Stanford School of Medicine.
5. Supplementation Policy from the Pennsylvania Breastfeeding Coalition.

Persons and Sites Affected

Enterprise Chandler Good Samaritan Kentucky Children's Ambulatory Department
OB/Birthing Center

Policies Replaced

Chandler HP Good Samaritan Kentucky Children's CH
 Ambulatory KC Other

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