Royal United Hospitals Bath
NHS Foundation Trust

The effects of giving formula milk to a breastfed baby

A guide for parents

About this leaflet

If you are thinking of giving your breastfed baby an infant formula feed, here is some important information you need before you make up your mind. Please discuss this with your midwife.

The first milk (colostrum)

Some mothers worry that the first milk (the colostrum) is not enough for their baby. This milk is very special and full of factors that protect your baby from infections. Colostrum is naturally produced in small quantities as a baby's body is not designed to cope with a large volume of milk in the first two days after birth. Your milk is perfect for your baby.

Demand and supply

Breastfeeding works on demand and supply. The more your baby feeds from the breast, the more milk you will make for your baby. If this demand and supply is interrupted by the giving of infant formula, it can sometimes mean that a mother has difficulty making enough milk for her baby.

Protection against infection

Colostrum provides a protective coating to your baby's gut, and this can prevent against allergies and infection. Infant formula feeds can strip away this natural protective coating of the gut and therefore reduce the protective qualities of exclusive breastfeeding.

How can we help?

For the reasons listed above we want to help you protect your milk supply and help you to exclusively breastfeed your baby if that it what you want to do.

What parents may worry about:

- The first couple of days with your newborn can be exhausting, and it can often seem that your baby wants to feed almost constantly. This may make you worry you do not have enough milk
- Some babies can appear quite sleepy for the first two days, and do not seem to want to feed much at all. This may make you worry that your baby does not want your milk

Both these are quite common reasons why parents ask for a bottle of formula in hospital or go and buy some formula if they are at home. You may have your own reason, please discuss this with your midwife to ensure you may the decision that's right for you and your baby.

We can support you with:

- Listening to your worries and explaining what normal baby behaviours is and how your breastmilk supply will get started
- Helping you learn new skills by giving help with positioning and attachment advice (to ensure that you are comfortable and that your baby is feeding effectively)
- Encouraging you to have skin-to-skin contact with your baby, which may help settle him or her after a feed, assist your baby's natural feeding instincts and the production of your milk-making hormones)
- Supporting you to express your colostrum if your baby is temporarily unable to breastfeed.

Mixed feeding

Some parents plan to ‘mix-feed’ their baby, meaning that they give some breast feeds and some infant formula feeds. We support all feeding choices, and we believe that the above information can help parents make the right choice for them and their family. The earlier you start mixed feeding the less milk your own body will make for your baby.

When is formula milk medically indicated?

There may be times when an infant formula ‘top-up’, otherwise known as a ‘supplement’ (as it is supplementing breastfeeding), is medically recommended. This is when the benefit of giving a supplementation feed outweighs the risk. There can be many reasons for this, but most commonly, the reasons are because a baby’s blood sugar is low, a baby has lost more weight than is expected, or if a baby is dehydrated. We know that this can be an anxious time for parents, and for those parents who are planning to exclusively breastfeed, it can be a difficult decision to make.

Supplementation for medical reasons should always be discussed fully with a midwife, advanced neonatal practitioner or neonatologist. We will ensure that if a supplementation feed is recommended, all efforts are made to continue protecting breastfeeding and a mother’s milk supply. This can be done with continued breastfeeding support, help with regular expressing of the breast, and encouragement of skin-to-skin contact. Supplement feeds can be given via bottle, cup, or nasogastric tube. Very small amounts (less than 5ml) can be given via syringe. The recommended feeding method will depend on each individual baby, as will the frequency and volume of each supplement. Our aim is to help you back to exclusive breastfeeding as soon as possible, whilst supporting you and your baby’s health.

If you have any concerns about you or your baby's health please contact you midwife on the central contact number

01225 826454

If you have any feedback or queries about this leaflet, please contact the infant feeding team on:

ruh-tr.infantfeeding@nhs.net

Please contact the Patient Support and Complaints Team (PSCT) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.psct@nhs.net or telephone 01225 825656.

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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