

CPP0443 Breastfeeding the Healthy Term Newborn Appendix 4. Updated Sept 2023

Possible Medical Indications for Supplementation in Healthy Term Infants (37–42 weeks)

Copied from BFHI Australia(2020) Maternity Facility Handbook Appendix 3: Guidelines for Supplementary Feeding for the Healthy Term Breastfed Neonate.

In each case, a decision must be made as to whether the clinical benefits outweigh the potential negative consequences of such feedings.

1. Infant indications

- a. Hypoglycaemia, documented by laboratory blood glucose measurement or similar reliable measurement that is unresponsive to appropriate frequent breastfeeding or measures such as the application of a glucose gel inside of the infant's cheek. (It is acknowledged that this protocol is for healthy term infants. Protocols for e.g. babies of women with diabetes may be different.)
- b. Clinical or laboratory evidence of significant dehydration (e.g., high sodium, poor feeding, lethargy, etc.)
- c. Significant weight loss may be an indication of inadequate milk transfer or low milk production, but a thorough evaluation of infant feeding is required before automatically ordering supplementation. It should also be noted that excess newborn weight loss is correlated with positive maternal intrapartum fluid balance (received through intravenous fluids) and may not be directly indicative of breastfeeding success or failure.
- d. Delayed or inadequate bowel movements or continued meconium stools on day 5 may be an indication of inadequacy of breastfeeding. Newborns with more bowel movements during the first 5 days following birth have less initial weight loss, earlier transition to yellow stools, and earlier return to birth weight.
- e. Hyperbilirubinemia associated with poor breast milk intake despite appropriate intervention and marked by ongoing weight loss and limited stooling.
- f. Macronutrient supplementation is indicated, such as for the rare infant with inborn errors of metabolism.

2. Maternal indications

- a. Delayed secretory activation [72–120 hours] with signs of inadequate intake by the infant.
- b. Primary glandular insufficiency as evidenced by abnormal breast shape, poor breast growth during pregnancy, and minimal indications of secretory activation.
- c. Breast pathology or prior breast surgery resulting in poor milk production.
- d. Certain maternal medications (e.g., chemotherapy, psychotherapeutic drugs, anti-epileptic drugs, long-lasting radioactive compounds).
- e. Intolerable pain during feedings unrelieved by interventions.
- f. Severe illness that prevents a mother caring for her infant, e.g. sepsis.