

# Feeding Baby When Supplementing is Needed

Maternal, Infant, Child, and Youth Program

Congratulations on your baby and on choosing to exclusively breast feed. Your milk is always best for your baby. We are here to support you to reach your feeding goals. Remember your nurse or lactation consultant is here to help you bring in your milk and increase your supply.

Sometimes there are medical reasons for babies needing more milk than mothers can make in the first days after birth. We call it ‘medical supplementation’. This is often needed because the baby has a low sugar level in their blood (low blood sugar), they are not gaining weight as expected, or they have been born premature. Think of this added milk as ‘medicine’ for your baby.

We understand it might be unexpected that your baby needs their feeds to be supplemented. Think of it as a bridge until you build up your milk supply.



Here we present 2 options for medically supplementing your baby’s feeds. Before you decide, read through the options then talk with your baby’s healthcare team about what is best for you and your baby.

When considering the options, you might find it helpful to use the tool B.R.A.I.N. as a way to help you think about the options.

- B Benefits:** How will this help my baby? How will it help me?
- R Risk:** How will this affect my baby? How will it affect me?
- A Alternatives:** What are the choices? How will each affect my baby and me?
- I Instinct / Intuition:** What is my inner voice/gut feeling telling me?
- N No:** What if I do nothing?

## Options for Medical Supplementation

There are two options:

- Pasteurized Donor Human Milk (referred to as donor milk)
- Human Milk Substitute (formula)

### Donor milk

Donor milk is human milk donated (on a voluntary basis) to our Provincial Milk Bank located at BC Women’s Hospital.

To become a donor, a woman must be healthy, breastfeeding a baby, be a non-smokers and non-drug user. Donors are selected based on:

- their responses to a questionnaire about their health and lifestyle
- information from their family doctor about their health
- the results of blood tests confirm they do not have any of these diseases: HIV (also called Human Immunodeficiency Virus), HTLV (Human T-Lymphotropic Virus, related to HIV), hepatitis, and syphilis

To make sure the donor milk is safe, it is tested for harmful bacteria and viruses after it has been processed (pasteurized).

We offer donor milk as an option for medical supplementation when:

- a baby’s mother is building her milk supply and wants to meet her goal of only giving breastmilk (used as a bridge)
- a baby is born at less than 35 weeks gestation

### *Things to consider:*

- Donor milk will help treat the medical reason your baby needs added milk while your milk supply is increasing.
- Donor milk preserves many of the benefits shown with breast milk exclusivity.
- These organizations state that donor milk (when available) is preferred to other supplements for babies: Academy of Breastfeeding Medicine, American Academy of Pediatrics and the World Health Organization.
- Donor milk is a bodily fluid. Although there are no known cases, there is a very small chance that an infection might be transmitted through donor milk to your baby and your baby could become sick.
- While donors are screened for healthy lifestyle, donor milk is not routinely tested for medicines or substances that might be passed to your baby through the donor milk.
- If your baby still needs added milk after going home, donor milk might be available from the BC Women's Milk Bank. They charge a fee to cover the costs of treating the milk.

### *What is usually involved?*

If you choose to give your baby donor milk, we ask you to sign a consent form. The form asks you to confirm we have given you information about donor milk, we have answered all your questions, and you want to give donor milk to your baby.

Along with your breastmilk, your baby will be given donor milk as a bridge until your milk comes in. Your baby will be weaned off of donor milk as your milk supply increases.

We usually wean preterm babies off donor milk by 35 weeks of age. We wean babies born at 35 weeks or more off donor milk within 5 to 7 days – when mother's milk usually comes in.

Even after pasteurizing, donor milk is similar to your breast milk, keeping some of these benefits:

- infection fighting factors called immunoglobulins, enzymes and cytokines
- growth factors and hormones
- vitamins and nutrients

Your own milk is still best for your baby.

### **Human Milk Substitute (formula)**

Formula is a human milk substitute that comes from cow's milk. Formula undergoes a safety inspection and is assessed for nutritional quality by Health Canada.

### *Things to consider:*

- Formula will help treat the medical reason your baby needs added milk while your milk supply comes in.
- When your baby is getting mostly breastmilk, the effects of supplementing for a short time with formula are unknown.
- Although rare, when formula is being made, it is possible for it to have a missing ingredient or come into contact with bacteria that could make your baby sick.
- If your baby still needs added milk after going home, you can buy formula from the grocery store.
- The foods we eat can affect the normal microbes that live in our gut. We call this the microbiome (say *my-kro-by-oh-m*). Some studies have shown that small amounts of formula given to breastfed babies changed the microbiome of their gut. We know that a person's microbiome can impact their health, but we don't know how the changes from formula might affect a child's future health.

*What is usually involved?*

If you choose to give your baby formula, let us know so we can tell your baby's care team what you decided.

Along with your breastmilk, your baby will be given formula as a bridge until your milk comes in.

For babies who are fed mostly their mother's breastmilk, the research is limited on which option for medical supplementation is best.

**If your baby was born premature**

For babies born premature and mother's own milk supply is not yet enough, these organizations suggest donor milk (when available) to medically supplement: Canadian Paediatric Society, American Academy of Paediatrics, and World Health Organization.

For babies born premature, studies show that supplementing with donor milk (rather than formula):

- reduces the chances of getting a serious bowel condition (called necrotizing enterocolitis) that can affect babies born prematurely, especially those born at less than 1500 grams
- might mean your baby's growth is slower and vitamins and nutrients might need to be added to the donor milk (Donor milk might not have the same amount of fat and nutrients as your breast milk.)

We offer donor milk for babies born less than 35 weeks gestation.

**What to expect**


No matter which option you choose, you can expect the following:

- Your baby's nurse and/or lactation consultant will explain how the added milk is given to your baby.

Ways of giving added milk:

- If your baby was born at term (or close to term) and is still learning at the breast, we might give the added milk by cup, a dropper, syringe, or something called a supplemental nursing system.
  - If your baby was born premature or is sick, we usually give the added milk through a tube that goes into their stomach (called a feeding tube) until they are able to take milk by mouth.
- Your nurse and/or lactation consultant will support you to build your milk supply as soon as possible so that your baby can get more of your milk earlier.

**Remember**  
Supplements are just a bridge until your milk comes in.



Your breast milk is best for your baby.

