

Supplementation: A Goldilocks Dilemma



DISCLOSURES

I have competing interests or affiliations that could be perceived as having a bearing on my presentation:

I have written a book *Breastfeeding Without Birthing* and receive royalties on its sales.

I also receive income for The **Breastfeeding Without Birthing Professional Pack** online training, a professional supplement to the book.



LANGUAGE

This presentation will use the definition of **breast** used in medical terminology, as the mammary gland. According to the Academy of Breastfeeding Medicine, a breast is both a male and female body part [Bartick et al., 2021].

In this presentation, **breastfeeding** refers to direct feeding from the breast by a parent of any gender identity or expression. The term breastfeeding is used here because it is medically accurate.

Some parents may identify as **chestfeeding** rather than breastfeeding. It is an important aspect of an inclusive lactation practice to honor and respect gender-inclusive language used by parents.

LANGUAGE

Not all breastfeeding parents identify as mothers.
This presentation will generally use the term parent rather than mother.

The terms birthing parent or gestational parent / non-birthing or non-gestational parent are used interchangeably.

Language around breastfeeding and lactation continues to evolve.

ABOUT ME

- LLL Leader 2002-2015
- IBCLC since 2009
- Private practice in St. Louis, MO, USA primarily telehealth

ABOUT ME

**My lactation practice today
is almost exclusively non-gestational parents**

Adoptive parents
Intended parents
Foster parents
Partners of the birthing parent

ABOUT ME

And those on their team

Gestational carriers
Birthing parents who are co-nursing

ABOUT ME

As well as birthing parents with similar needs

Current or anticipated difficulty with milk production,
including relactation

PRESENTATION OVERVIEW

Is getting enough milk while breastfeeding?

When baby is not getting enough milk

Identifying and addressing underlying causes

Optimizing breastfeeding management

Supplement

Defining supplementation

Determining the “just right” amount

Supplementation needs may vary throughout the day

Establishing how long to continue supplementation

Choosing a supplementation device makes a difference

IS BABY GETTING ENOUGH MILK WHILE BREASTFEEDING?

Wouldn't it be nice if there were ounce or ml markers on the breast?

Parents and their lactation professionals could see exactly how much milk baby is drinking from the breast.

Wouldn't it be nice if there were ounce or ml markers on the breast?

Or maybe the best design requires communication and connection between parent and baby?

INDICATORS FOR MILK INTAKE

- Weight changes
- Diaper output
- Nursing behavior
- Disposition between feedings

None of these indicators should be considered in isolation. Even excess weight loss in the first week is not an automatic indicator for supplementation, but rather an indicator for additional infant evaluation. [Kellams et al., 2015]

Weight changes

Weight is the most accurate indicator of adequate milk intake.

Age	Typical Weight Change for a Breastfed Baby
Birth to 4 days	Lose up to 10% of birth weight*
14 days	Return to birth weight*
14 days to 3 months	About 1 ounce (30 g) per day 5-10 ounces (150-300 g) on average per week based on low weight, usually day 3 or 4

[Marasco & West, 2020]

*Birth weight is typically the first weight taken after birth, but if significant amounts of fluids were given intravenously during labor, then consider the weight at 24 hours as baby's adjusted birth weight since by then baby will have urinated those excess fluids.

Weight changes

Weight is the most accurate indicator of adequate milk intake.

Ensure Accurate Weight Information:

- Accurate readings
- Accurate scale: properly calibrated, professional electronic versus spring-loaded
- Same scale for each weight
- Without clothing: either naked or in a clean diaper
- Same time of day if weighing daily
- Account of stomach and bowel content: ideally weigh after baby has stoolled and before feeding

[Marasco & West, 2020]

Weight changes

Weight is the most accurate indicator of adequate milk intake.

If baby is not being weighed regularly at pediatrician or lactation visits or as regularly as feels comfortable, parent may consider purchasing a quality baby scale such as [Beurer BY80 Baby Scale](#) to monitor baby's weight themselves.

Diaper output

Stools are much more indicative of milk intake than urination.

Age	Number of Stools per day
Day 1	1 black meconium stool
Day 2	2 black meconium stools
Day 3	3 transitional brown/green stools
Day 4	4 transitional brown/green or yellow stools
1 week	4-6 yellow stools “about the size of a credit card”
2 weeks	5-6 yellow stools “about the size of a credit card”
1 month	4 larger yellow stools
2 months	2-3 large yellow stools
3-12 months	2 large yellow stools*

*Some babies older than 5 weeks will stool less frequently and have adequate intake.

[Marasco & West, 2020]

Nursing behavior

Periods of slow (about one per second) rhythmic sucking with periodic pauses.

Baby has limp hands and an unfurrowed brow expression most of the time.

Baby stays latched throughout the feeding without shaking head side-to-side.

Newborn babies have about 10 minutes of active suck/swallowing per breast. Older babies may nurse more efficiently.

Most feedings are less than 40 minutes.

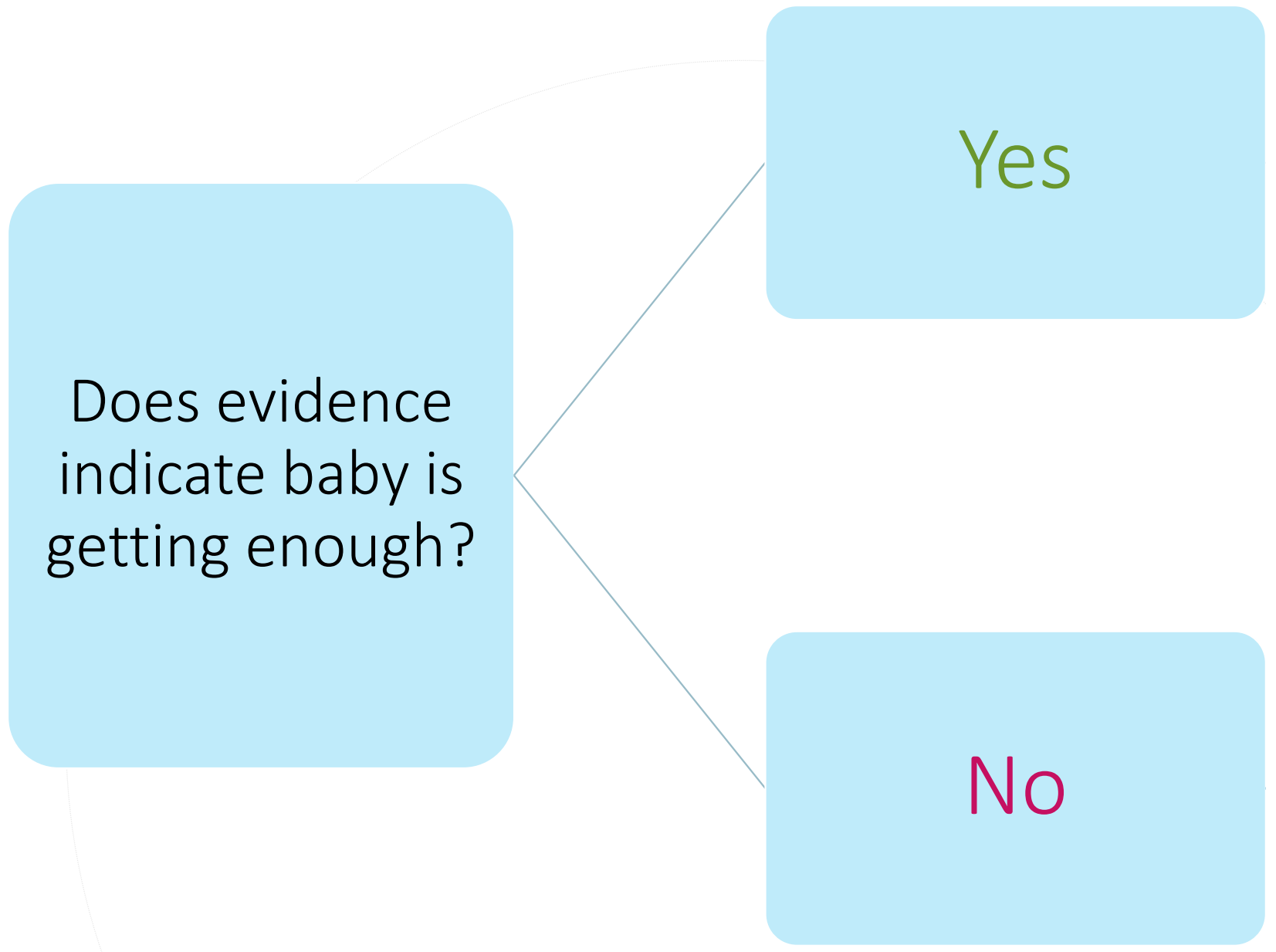
Disposition between feedings

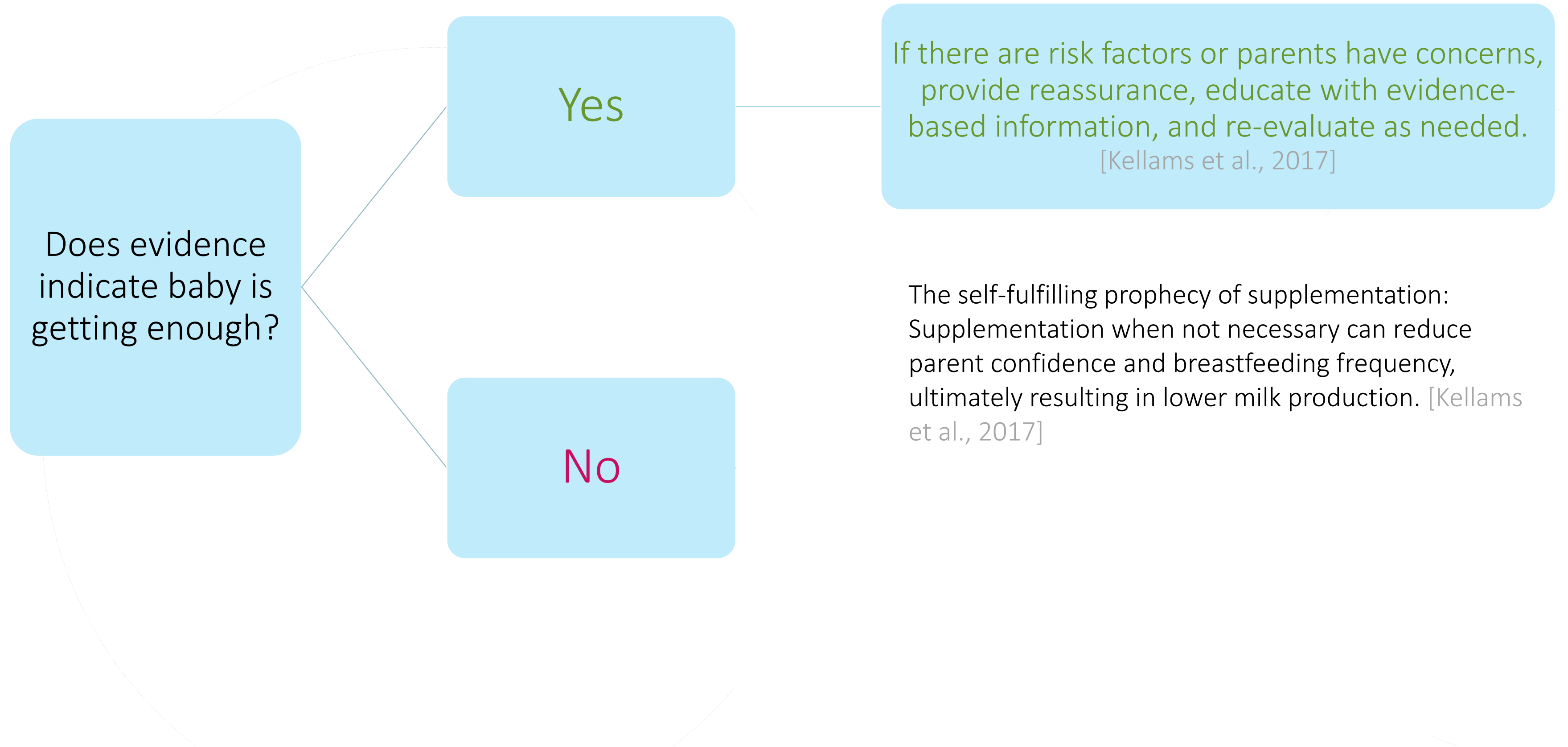
Baby is content after the feeding or gently falls asleep after a period of active suckling.

Baby is not be fussy or excessively sleepy between feedings.

Baby is not consistently cuing to feed again less than an hour after finishing the previous feeding.

(Exception: One 2-3 hour period each day of cluster feeding.)



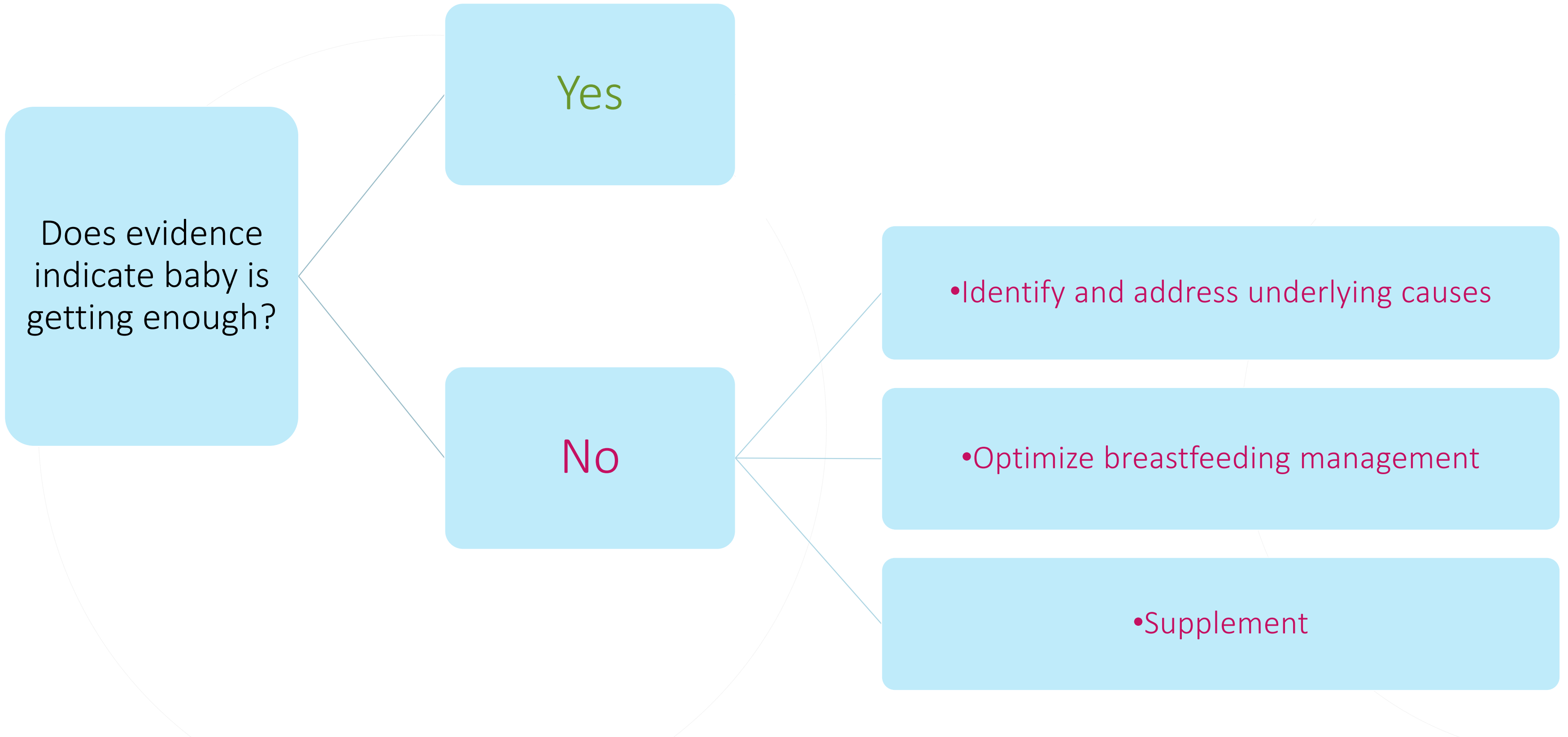


The Academy of Breastfeeding Medicine has identified these

INAPPROPRIATE REASONS FOR SUPPLEMENTATION

- Belief that colostrum is inadequate before secretory activation
- Prevention of weight loss or dehydration
- Prevention of hypoglycemia
- Belief that breastfeeding increases risk of jaundice
- Lack of time providing breastfeeding education
- Use of medication in the lactating parent (in most cases)
- Inadequate diet in lactating parent
- To quiet a fussy baby
- Frequent breastfeeding
- Need for rest or sleep in lactating parent
- To improve nipple soreness by taking a break from breastfeeding

[Kellams et al., 2017]



Does evidence indicate baby is getting enough?

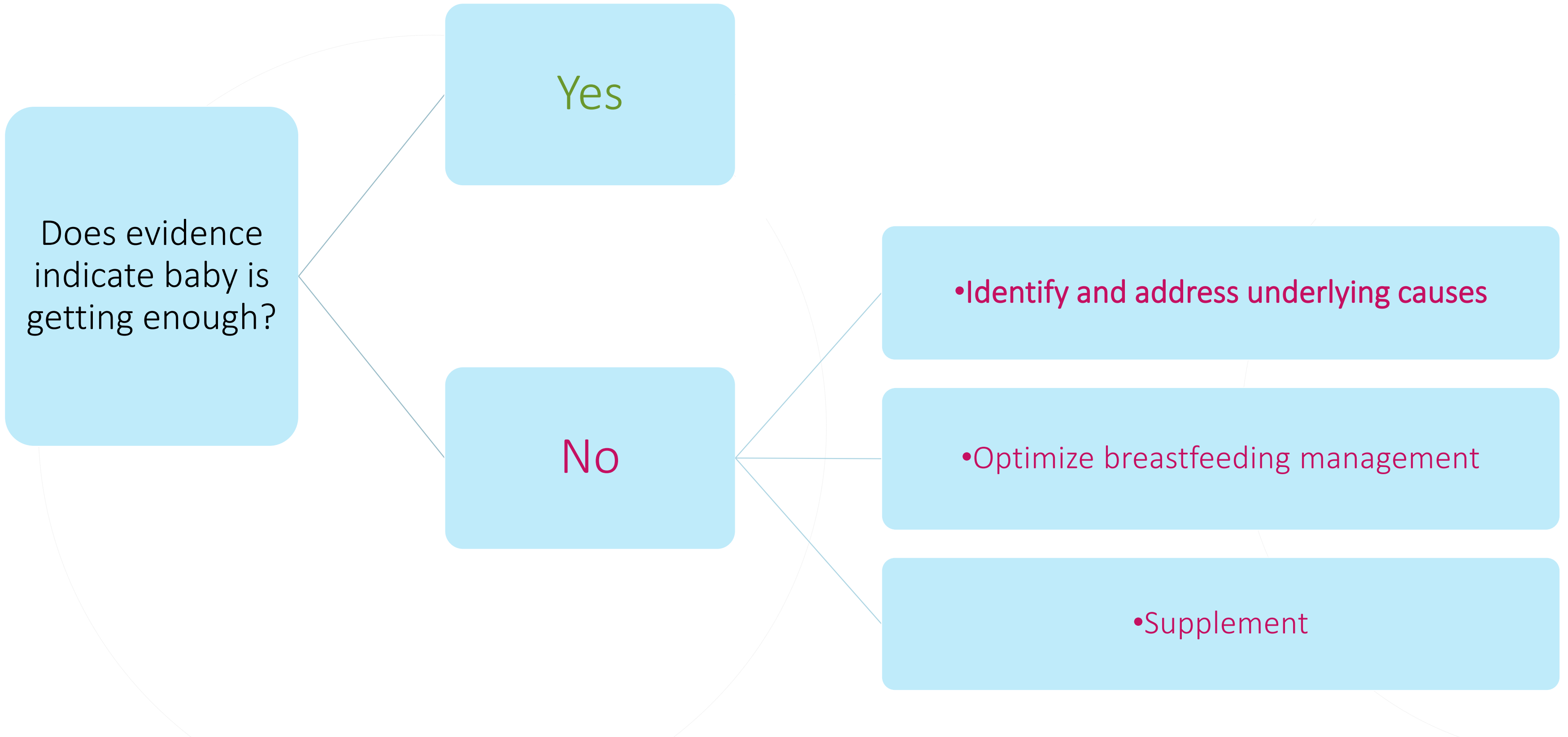
Yes

No

•Identify and address underlying causes

•Optimize breastfeeding management

•Supplement



IDENTIFY AND ADDRESS UNDERLYING CAUSES

Inadequate transfer of milk from the breast

Insufficient lactation

IDENTIFY AND ADDRESS UNDERLYING CAUSES: WHICH CAUSE IS IT.. OR BOTH?

Inadequate transfer of milk from the breast

Insufficient lactation

If baby is not getting enough milk and the parent expresses less than $\frac{1}{4}$ - $\frac{1}{2}$ ounce (7-15 ml) of milk per breast using a pump right after breastfeeding, that indicates baby is breastfeeding effectively, but parent has low milk production.

Otherwise, baby is not breastfeeding effectively.

Low milk production may also be present if amount expressed is less than amount required for supplementation.


IDENTIFY AND ADDRESS UNDERLYING CAUSES: INADEQUATE TRANSFER OF MILK FROM THE BREAST

Problem
in Baby
or Parent

What is it?

The milk is available in the breast, but baby is not able to remove it

IDENTIFY AND ADDRESS UNDERLYING CAUSES: INADEQUATE TRANSFER OF MILK FROM THE BREAST




Problem
in Baby

Causes

- Weak or uncoordinated suck
- Tethered oral tissue: tongue-tie, lip-tie, etc.
- Restricted muscular or connective tissue

IDENTIFY AND ADDRESS UNDERLYING CAUSES: INADEQUATE TRANSFER OF MILK FROM THE BREAST

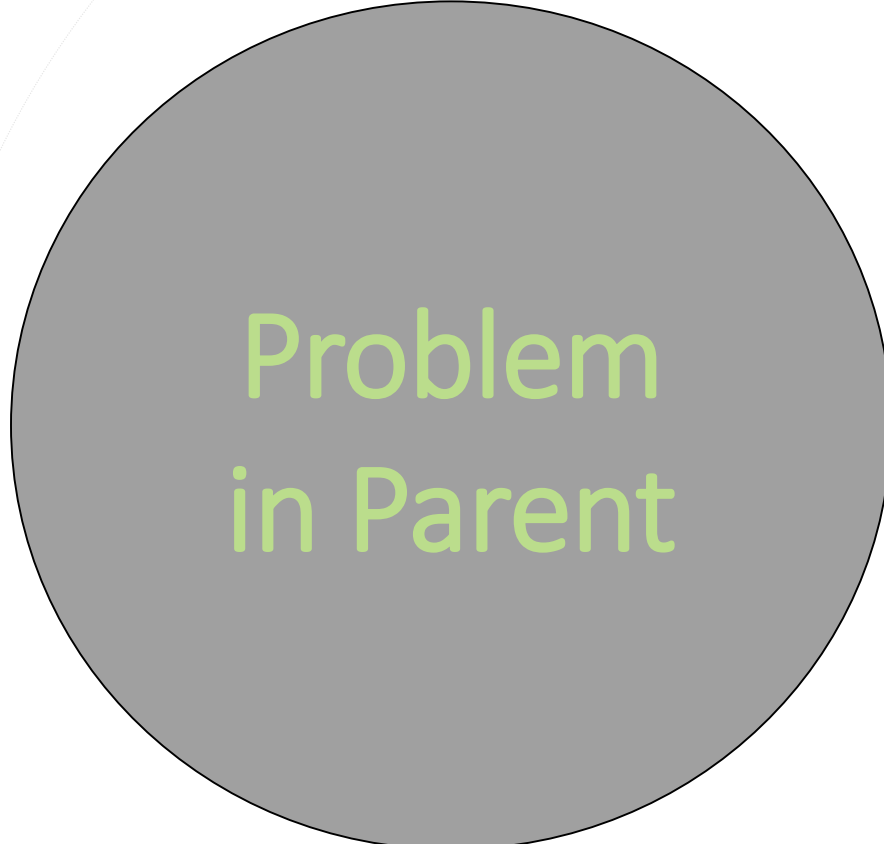


Problem
in Baby

Potential treatments

- Latching and positioning support
- Time/increased maturity in baby
- Bodywork: chiropractic, craniosacral therapy, occupational therapy, speech therapy, at-home exercises by parents
- Release of tethered oral tissue
- Nipple shield
- Breast compressions

IDENTIFY AND ADDRESS UNDERLYING CAUSES: INADEQUATE TRANSFER OF MILK FROM THE BREAST

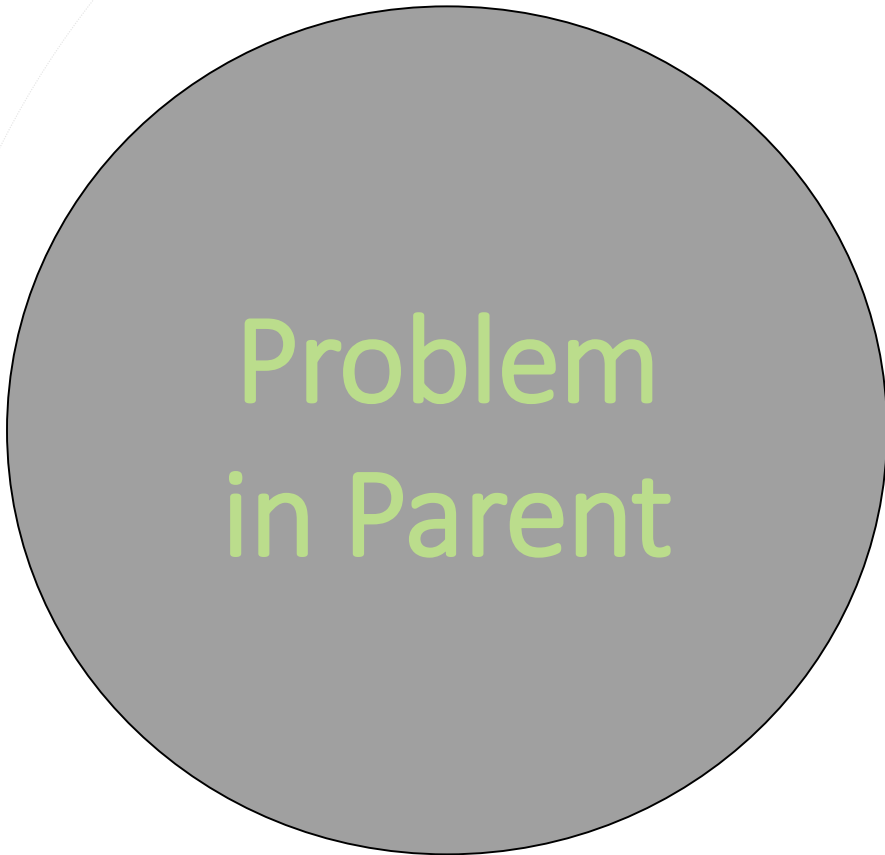


Problem
in Parent

Causes

- Poor management, such as limiting time at breast
- Impaired milk ejection

IDENTIFY AND ADDRESS UNDERLYING CAUSES: INADEQUATE TRANSFER OF MILK FROM THE BREAST



Problem
in Parent

Potential treatments

- Information and support for breastfeeding management
- Support for milk ejection: stress management, thyroid balancing, intranasal oxytocin, acupressure/acupuncture for milk ejection and/or relaxation, herbs for milk ejection and/or relaxation, mental techniques, counseling, breast compressions

IDENTIFY AND ADDRESS UNDERLYING CAUSES: INSUFFICIENT LACTATION

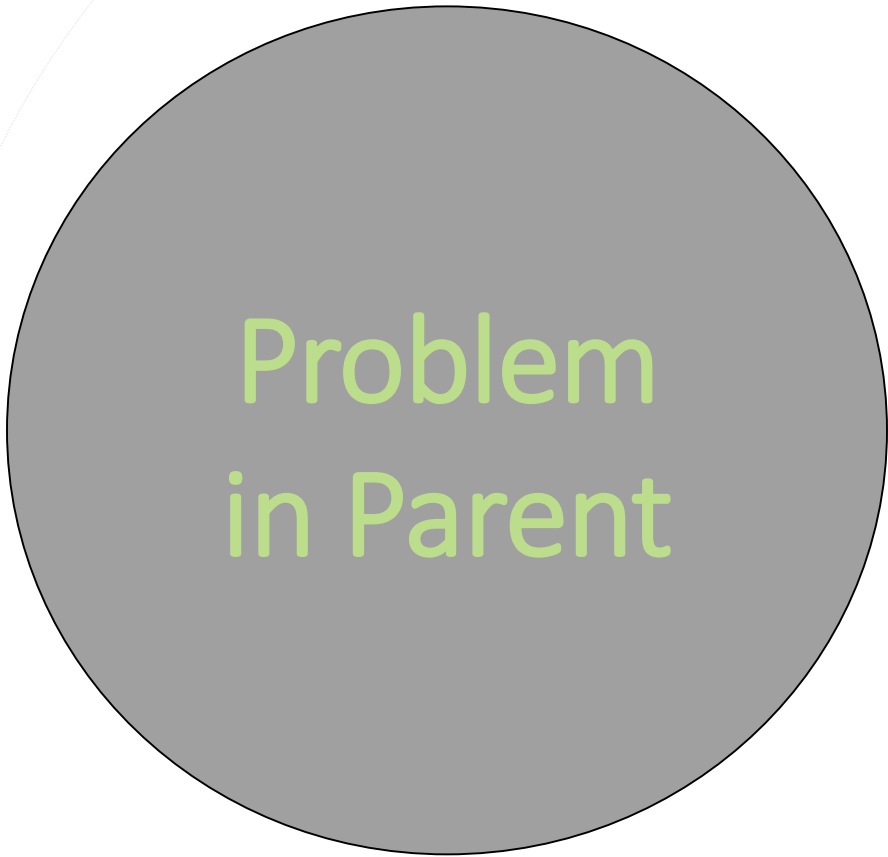


Problem
in Parent

Causes

- Lack of milk removal, potentially caused by inadequate transfer of milk from the breast
- Hormonal imbalance
- Insufficient glandular tissue (IGT)
- Breast/chest surgery or injury
- Spinal injury
- Induced lactation or relactation
- Mastitis/plugged duct
- Anti-galactagogue herb or medication
- Pregnancy
- Illness in parent

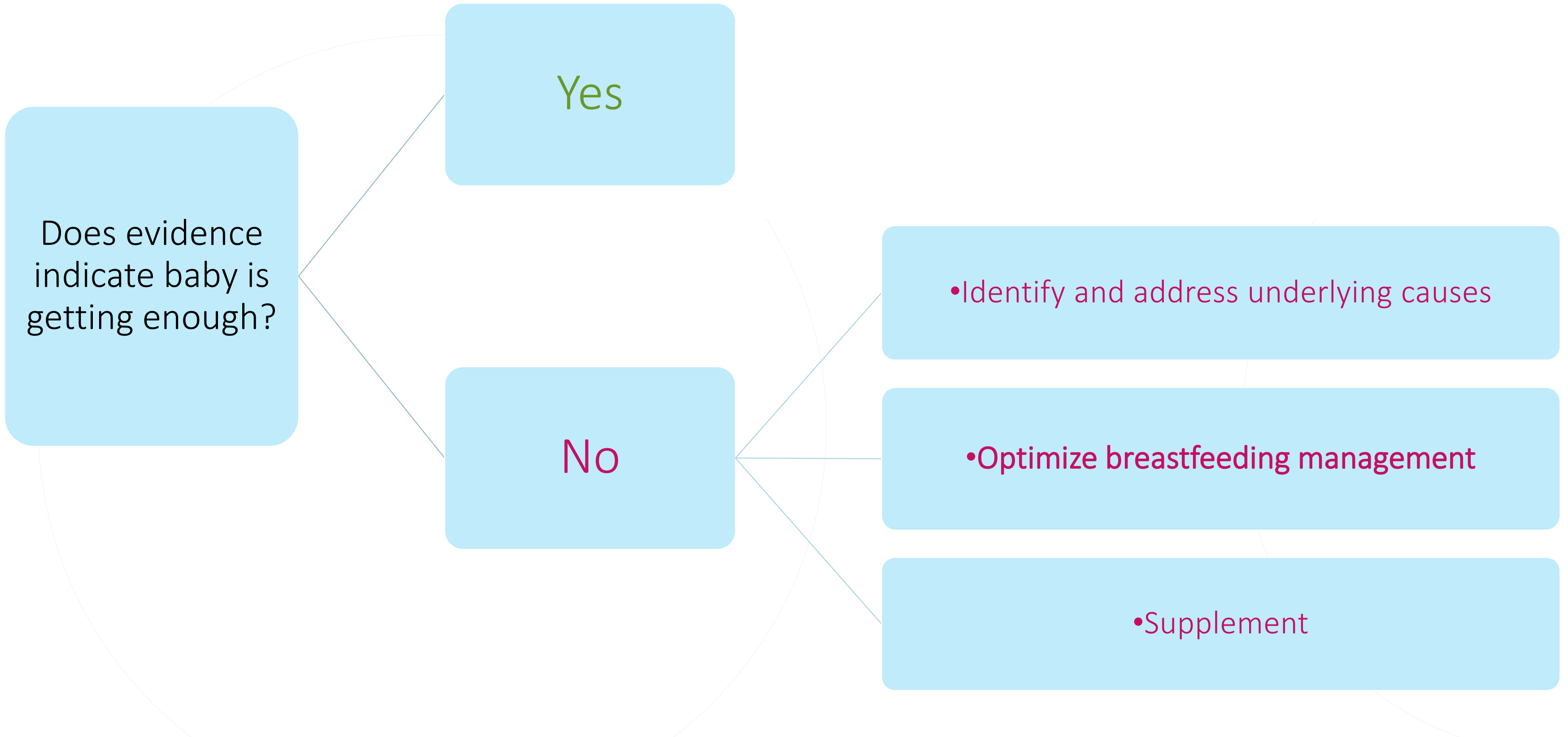
IDENTIFY AND ADDRESS UNDERLYING CAUSES: INSUFFICIENT LACTATION



Problem
in Parent

Potential treatments

- Increased frequency and/or effectiveness of milk removal
- Identification and treatment of hormonal imbalance
- Increase in glandular breast tissue: medications, herbs, acupuncture/acupressure, breast massage, etc.
- General galactogues



Does evidence indicate baby is getting enough?

Yes

No

•Identify and address underlying causes

•Optimize breastfeeding management

•Supplement

OPTIMIZE BREASTFEEDING MANAGEMENT

During a feeding

Between feedings

Frequency of feedings

OPTIMIZE BREASTFEEDING MANAGEMENT DURING A FEEDING

- Undress baby down to diaper, or at least uncover hands while nursing.
- Pull down on baby's chin
- Position baby to facilitate head extension
- Align baby's head and torso: "tummy to mummy"

OPTIMIZE BREASTFEEDING MANAGEMENT DURING A FEEDING

Feed from both breasts at each feeding

- Alternate which breast to start with
- Feed from the first breast until sucking slows, then compress breast to provide more flow and encourage baby to resume active sucking. Once baby is no longer actively sucking despite breast compressions, then burp and switch to second breast before baby fully falls asleep.

OPTIMIZE BREASTFEEDING MANAGEMENT BETWEEN FEEDINGS

- Skin-to-skin
- Baby in close proximity to nursing parent to facilitate early response to infant feeding cues

[Kellams et al., 2017]

OPTIMIZE BREASTFEEDING MANAGEMENT

FREQUENCY OF FEEDINGS

Feed according to baby's cues not the clock.

Breastfeeding less than 7 times per day is associated with reduced milk production [Kent et al., 2016]

If a baby receives less milk at a feeding, that baby will be more likely to cue to feed sooner than a baby who received more milk at a feeding [Kent et al, 2006]

“When in doubt, whip it out!”

OPTIMIZE BREASTFEEDING MANAGEMENT

FREQUENCY OF FEEDINGS

Feeding more often can increase total daily intake. With at least 2 ounces (60 ml) per feeding, parent may increase breastfeeding frequency in order to ensure adequate intake without supplemental milk or formula.

For example: In developed countries, breastfed babies over 1 month typically take in 3-4 ounces (90-120 ml) per feeding about 8 times per day:

3-4 ounces per feed x 8 feedings per day = 24-32 ounces (720-960 ml) per day.

If a parent is producing about 2 ounces per feeding, she could feed more often, maybe 12-14 times per day:

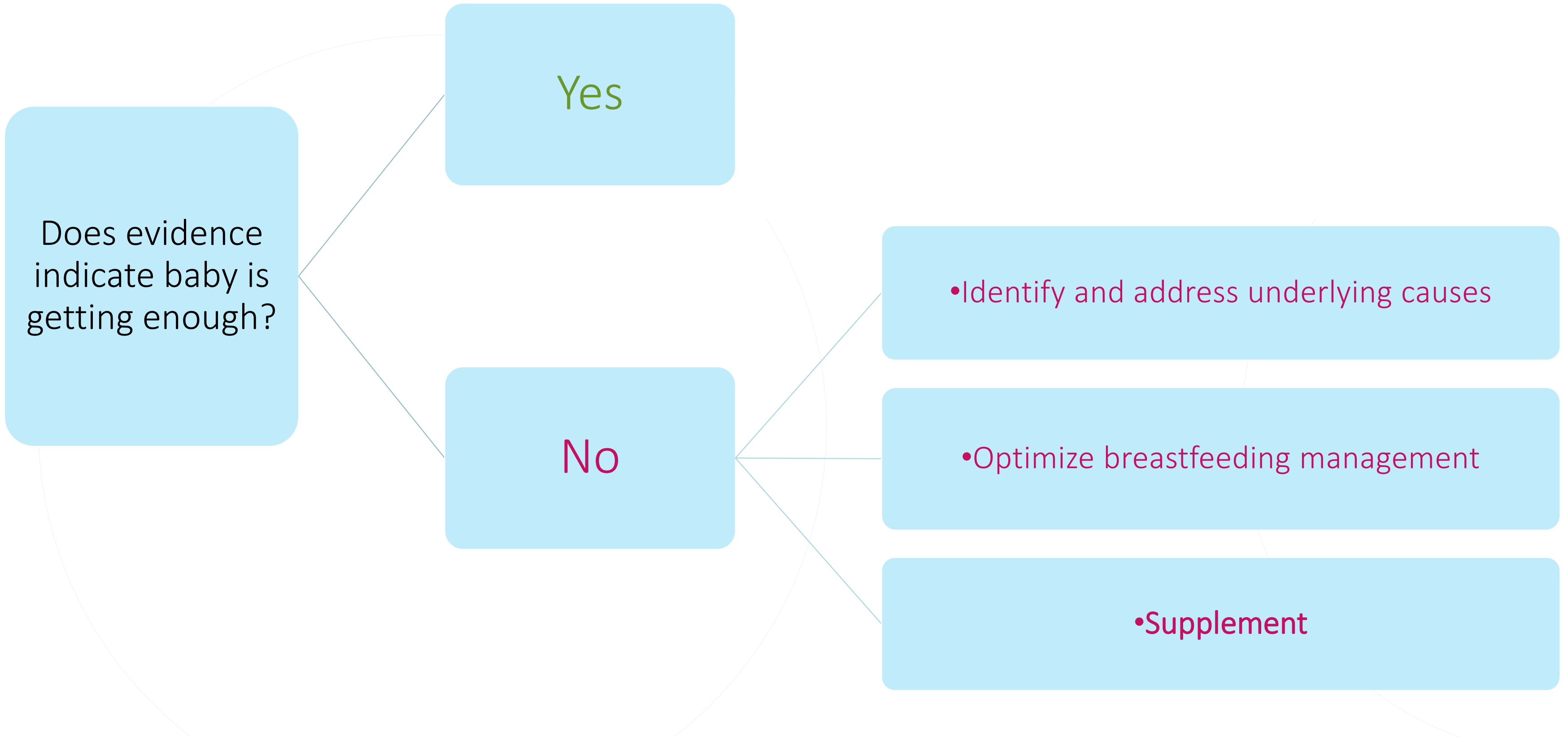
2 ounces per feed x 12-14 feedings per day = 24-28 ounces (720-840 ml) per day.

OPTIMIZE BREASTFEEDING MANAGEMENT

FREQUENCY OF FEEDINGS

Feeding more often can increase total daily intake. With at least 2 ounces (60 ml) per feeding, parent may increase breastfeeding frequency in order to ensure adequate intake without supplemental milk or formula.

While breastfeeding more than 8 times per day may seem like a lot, feeding more frequently may be easier and simpler than the work of supplementing.



Does evidence indicate baby is getting enough?

Yes

No

•Identify and address underlying causes

•Optimize breastfeeding management

•Supplement

SUPPLEMENT

Definition

Determining the “just right” amount

How long to continue supplementation

Choosing a supplementation device

Supplementation is needed when baby is not getting enough milk during breastfeeding

DEFINITION:

Supplementation is providing supplemental human milk or formula to a baby feeding from the breast.

Supplementation is needed when baby is not getting enough milk during breastfeeding

DEFINITION:

Supplementation is providing supplemental human milk or formula to a baby feeding from the breast.

- Parent's expressed milk
- Donor milk
- Infant formula

Supplementation is needed when baby is not getting enough milk during breastfeeding

DEFINITION:

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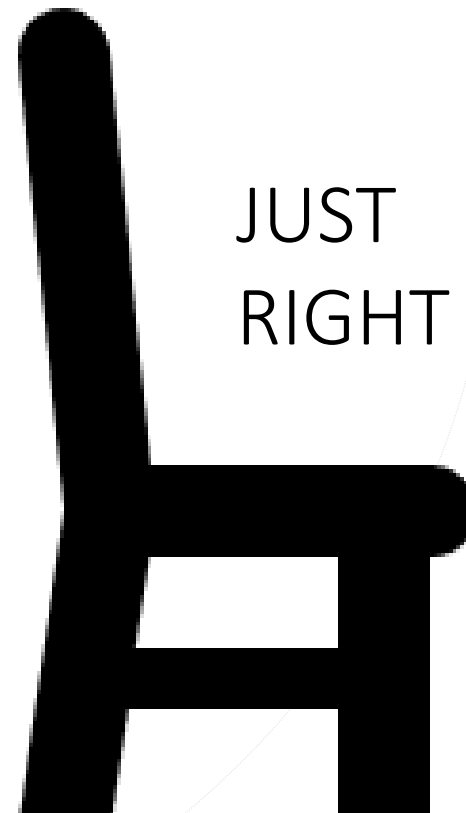
Different from Academy of Breastfeeding Medicine's definition of Supplementary Feedings which does not include parent's expressed milk but may include other milk substitutes such as glucose water. [Kellams et al., 2017]

SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

The Goldilocks Dilemma



Not enough
results in
inadequate
intake for baby



JUST
RIGHT



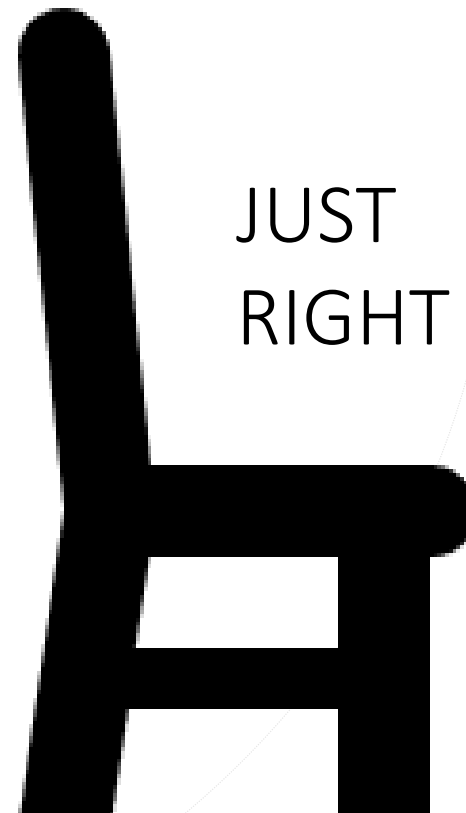
Too much results in
less milk from
breastfeeding

SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

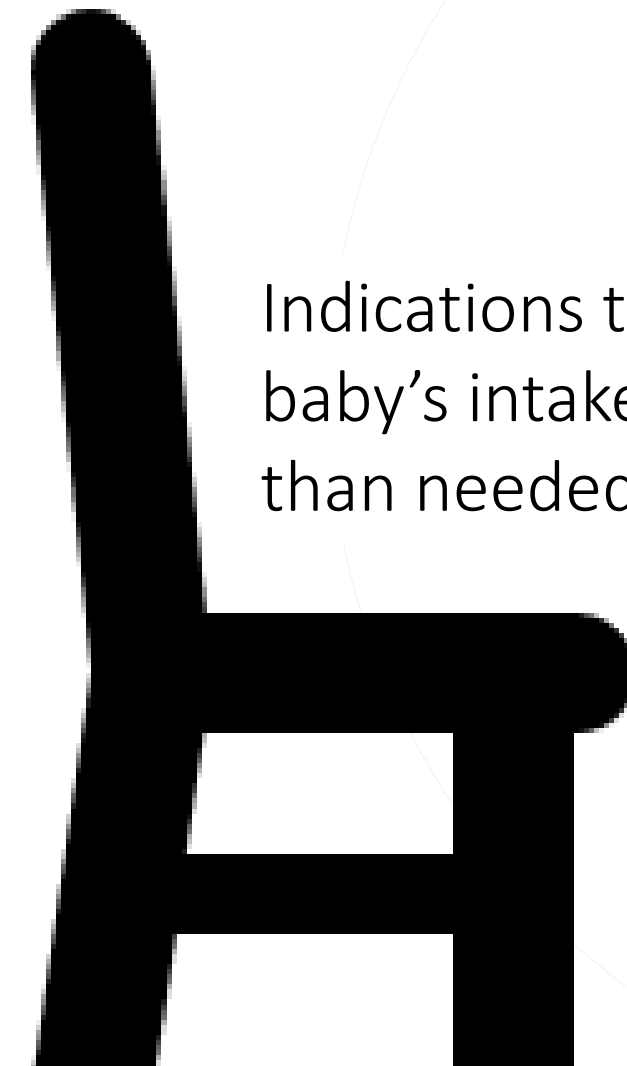
The Goldilocks Dilemma



Continued indications that baby's intake is less than needed



JUST RIGHT



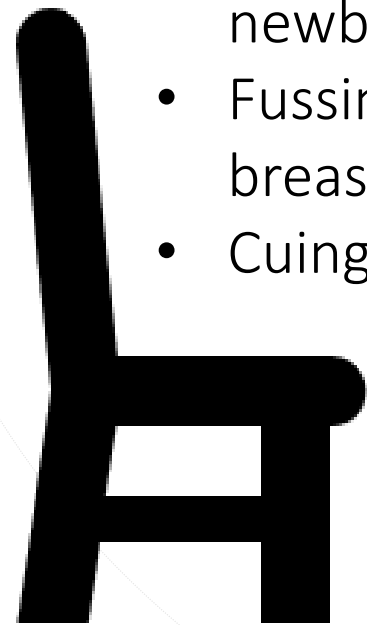
Indications that baby's intake is more than needed

SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

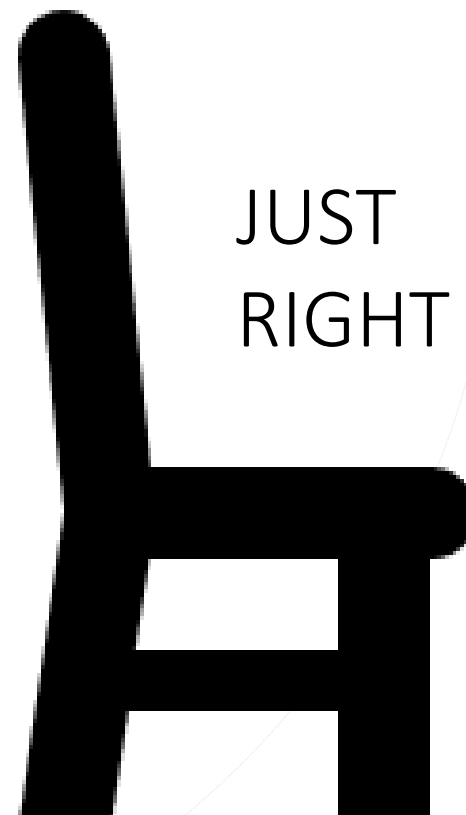
The Goldilocks Dilemma

Indications of not enough supplementation

- Inadequate weight gain
- Low diaper output (during newborn period)
- Fussiness during breastfeeding
- Cuing to feed “all the time”

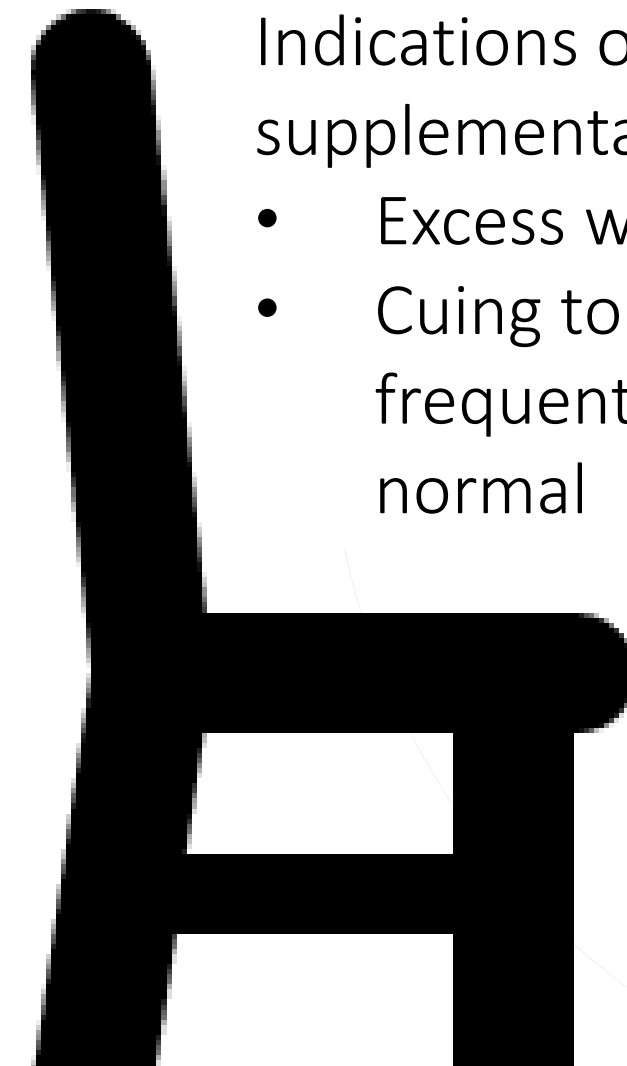


JUST
RIGHT



Indications of too much supplementation

- Excess weight gain
- Cuing to feed less frequently than normal



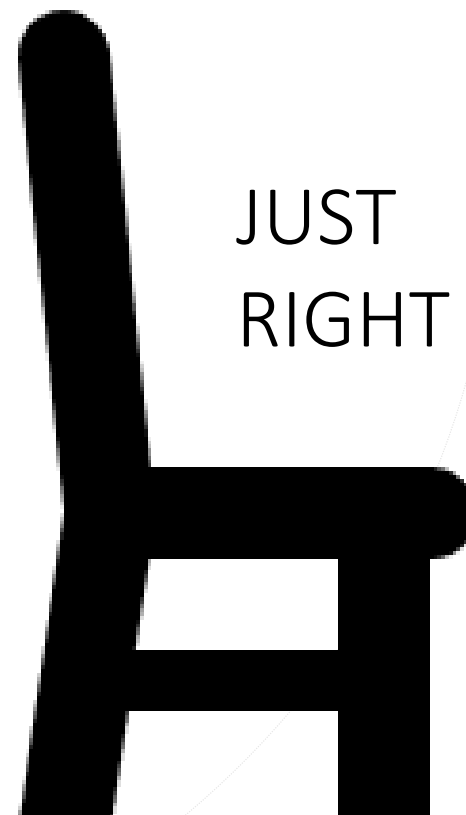
SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

The Goldilocks Dilemma

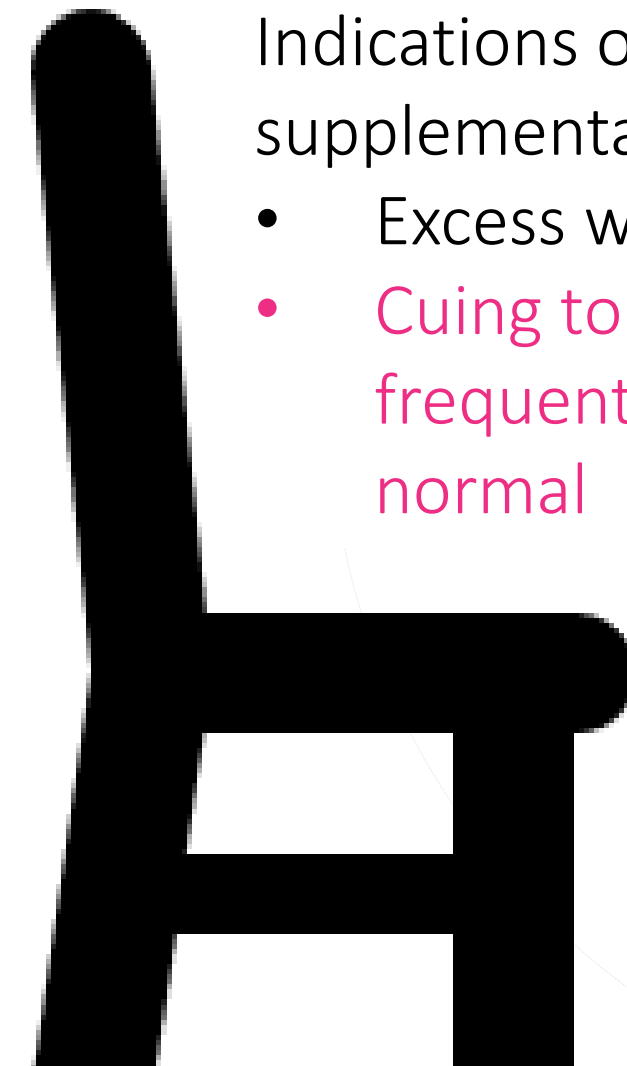


Indications of not enough supplementation

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- Cuing to feed “all the time”



JUST
RIGHT



Indications of too much supplementation

- Excess weight gain
- Cuing to feed less frequently than normal

SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

How often is too often to feed?

While nursing 8-12 times is considered typical, some healthy exclusively breastfed babies nurse up to 18 times per day [Kent, 2006].



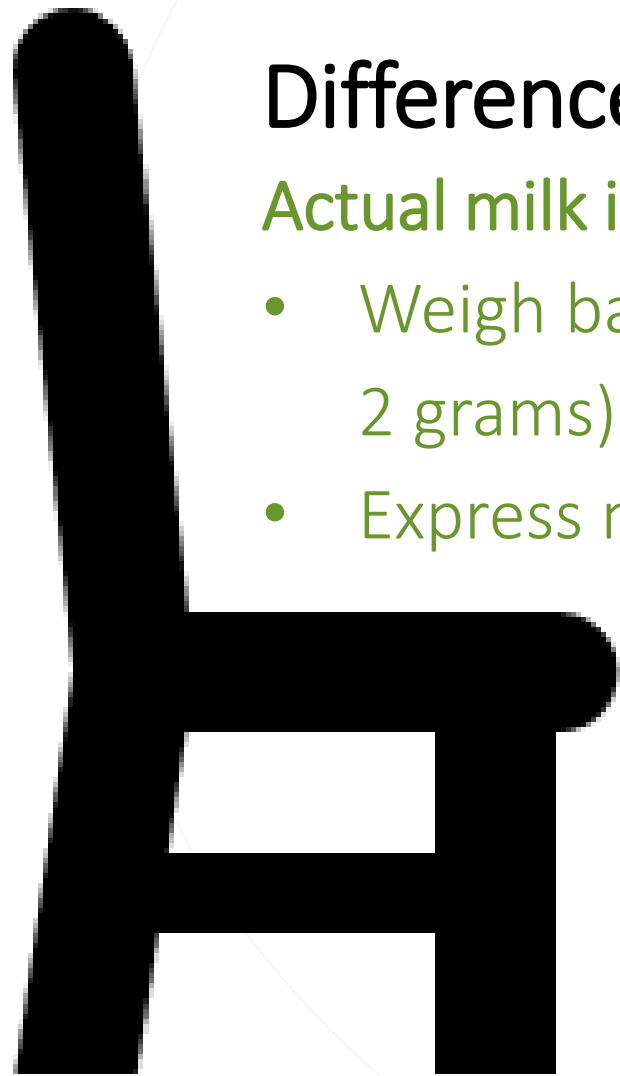
SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

Choose a starting amount and adjust from there

Difference between actual intake and required intake per feeding

Actual milk intake may be estimated

- Weigh baby before and after a breastfeed using a scale designed to measure milk intake (sensitive to 2 grams)
- Express milk at a missed breastfeed (only informative if baby feeding effectively)



SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

Choose a starting amount and adjust from there

Difference between actual intake and required intake per feeding

Required milk intake may be estimated using averages reported in published research.



SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

Choose a starting amount and adjust from there

Baby's age	Typical Intake During a Feeding based on 8-10 feedings per day*	
First 24 hours	Approx 1 tsp.	2-10 ml.
24-48 hours	1-3 tsp.	5-15 ml.
48-72 hours	½-1 oz.	15-30 ml.
72-96 hours	1-2 oz.	30-60 ml.
2 weeks	1.5-2 oz.	45-60 ml.
3 weeks	2-3 oz.	60-90 ml.
1 – 6 months	3-4 oz.	90-120 ml.

*This is just a guide!
Milk intake for healthy exclusively breastfed babies ranges greatly from feeding to feeding and baby to baby. [Kent et al., 2006]

SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

Choose a starting amount and adjust from there

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3 weeks	2-3 oz.	60-90 ml.
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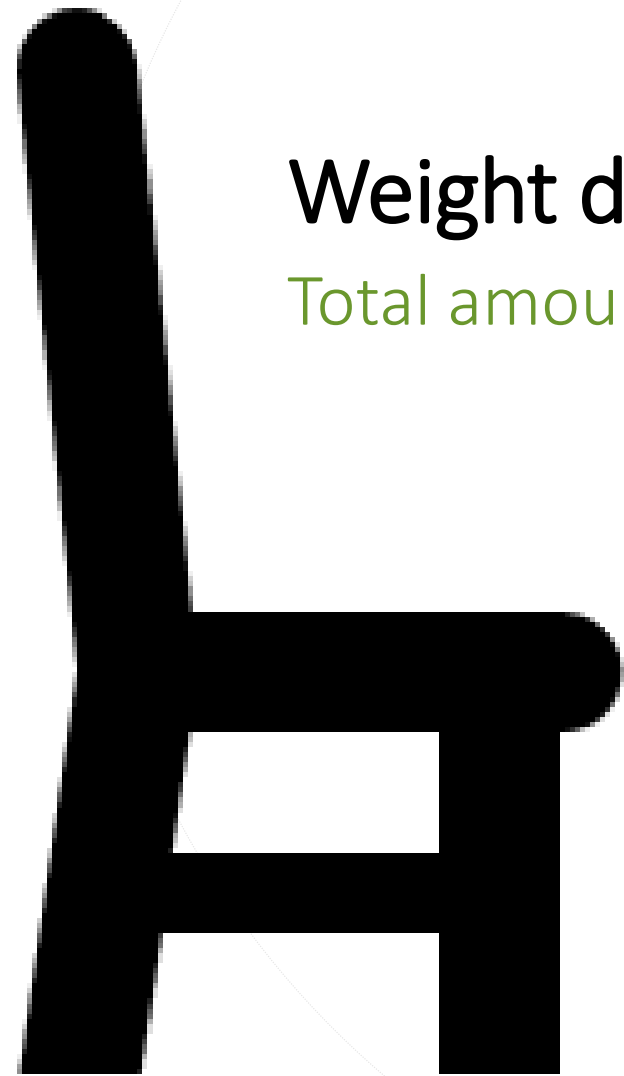
For example, if baby's milk intake during a feeding is estimated to be 1 ounce, a baby over 1 month needs approximately 2-3 ounces of supplement per feeding.

SUPPLEMENTATION: DETERMINING THE “JUST RIGHT” AMOUNT

Choose a starting amount and adjust from there

Weight deficit

Total amount to supplement per day equals double the previous week's deficit [Genna, 2016]



SUPPLEMENTATION WHEN

Milk production varies throughout the day

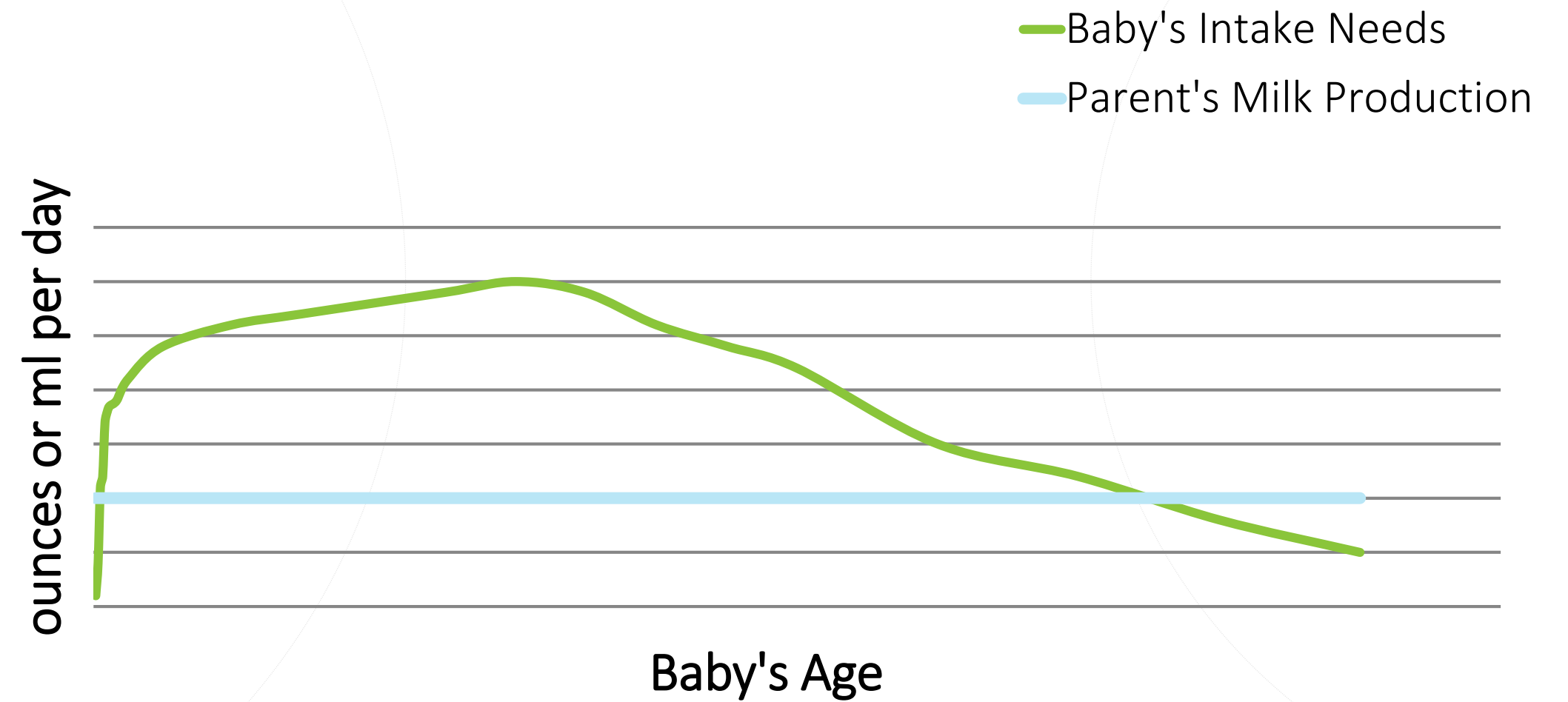
- Milk production is highest during the **night and the first morning feeding**. Sometimes supplementation may be eliminated during times of higher milk production.
- Milk production is often lowest in the **late afternoon or evening**. Sometimes milk expressed after first morning feeding may be used to supplement late afternoon/evening feedings.

SUPPLEMENTATION: HOW LONG

- May be short term: days or weeks
- May be long term: months

SUPPLEMENTATION HOW LONG

If baby weans naturally, supplementation can eventually be eliminated.



SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

How baby is supplemented matters.

Bottle

Nursing supplementer

Finger-feeder

Cup or spoon

Drip/drop

Syringe or dropper

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Benefits

- Readily available
- Familiar and easy to use
- Easy to clean
- Can be administered by a caregiver other than the nursing parent

Bottle

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Benefits

- Readily available
- Familiar and easy to use
- Easy to clean
- Can be administered by a caregiver other than the nursing parent

Bottle

Risks

- Baby may prefer bottle-feeding over breastfeeding particularly when there is less flow from the breast
- Faster flow may result in more supplementation than needed [Kellams et al., 2017]
- Baby may be spending less time breastfeeding potentially resulting in lower milk production unless milk is expressed for every bottle given

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Minimizing Risks

Manage breast/bottle
based on baby's milk intake
during breastfeeding

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Minimizing Risks

Manage breast/bottle based on baby's milk intake during breastfeeding

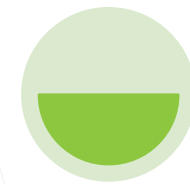
Lower intake



“Breast for dessert”

1. Bottle-feed
2. Offer breastfeeding
3. Express milk

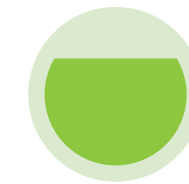
Moderate intake



Triple-feed

1. Breastfeed
2. Bottle-feed
3. Express milk

Higher intake



Increase frequency of breastfeeding

1. Breastfeed
2. Breastfeed
3. Breastfeed
4. Offer bottles only when frequent breastfeeding is not meeting baby's needs

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Minimizing Risks

Manage breast/bottle based on baby's milk intake during breastfeeding

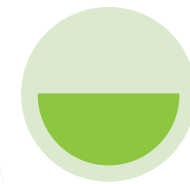
Lower intake



“Breast for dessert”

1. Bottle-feed
2. Offer breastfeeding
3. Express milk

Moderate intake



Triple-feed

1. Breastfeed
2. Bottle-feed
3. Express milk

Parallel Pump

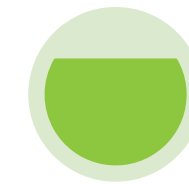
1. Breastfeed and pump
2. Bottle-feed

[McCue & Stulberger, 2019]

Wearable Pump

1. Breastfeed
2. Bottle-feed and express milk

Higher intake



Increase frequency of breastfeeding

1. Breastfeed
2. Breastfeed
3. Breastfeed
4. Offer bottles only when frequent breastfeeding is not meeting baby's needs

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Minimizing Risks

Use bottle-feeding techniques that reinforce breastfeeding [Kassing, 2002]

- Skin-to-skin
- Slow flow teat
- Bottle horizontal
- Wait for an open mouth before inserting bottle
- Use a teat that encourages a wide-open gape and fits completely into baby's mouth
- Delay the flow
- Face baby in both directions

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

How baby is supplemented matters.

Bottle

Nursing supplementer

Finger-feeder

Cup or spoon

Drip/drop

Syringe or dropper

Avoidance of artificial nipples
(bottles, pacifiers) increases
likelihood of successful
breastfeeding

[Auerbach, 1981; Abul-Fadl, 2012; De, 2002; Kellams et al., 2017, Mehta, 2018]

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

A bag or bottle containing supplemental milk or formula delivered to the nipple via a tiny feeding tube. Commercial and homemade devices are available.

Nursing Supplementer

Also known as an at-breast/chest supplementer, feeding tube at breast/chest, supply line, Supplemental Nursing System (SNS, but not preferred because brand name), supplementary suckling technique (SST), supplemental feeding tube device (SFTD).

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Benefits

- Reinforces breastfeeding
- Encourages skin-to-skin
- Allows entire feeding to take place at the breast
- If baby has an effective suck, milk production is stimulated. Additional milk expression no longer necessary.

Nursing Supplementer

In one clinical study, over half of mothers fully relactated by nursing with a nursing supplementer alone. [Singh, 2014]

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Benefits

- Reinforces breastfeeding
- Encourages skin-to-skin
- Allows entire feeding to take place at the breast
- If baby has an effective suck, milk production is stimulated. Additional milk expression no longer necessary.

Nursing Supplementer

Challenges

- May be more difficult to latch baby with feeding tube
- Unfamiliar
- Expensive
- Time-consuming to assemble, fill, clean
- Difficult to use in public

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Addressing Challenges: Latching Baby with Feeding Tube

Experiment with options for latching baby with the feeding tube

Option 1:

Latch baby onto the breast first and then insert the feeding tube into the corner of baby's mouth

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Addressing Challenges: Latching Baby with Feeding Tube

Experiment with options for latching baby with the feeding tube

Option 2:

Latch baby all at once onto the breast and the feeding tube together

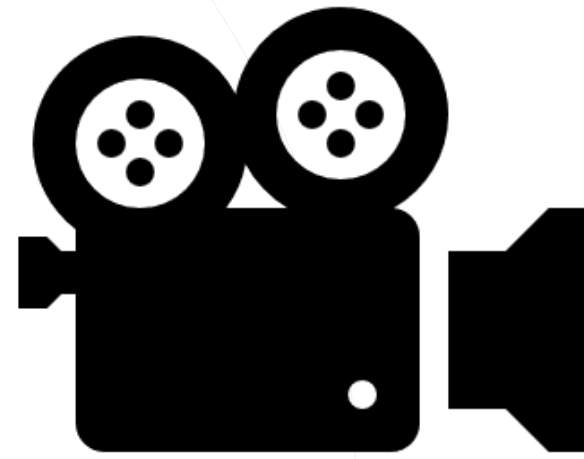
SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Addressing Challenges: Latching Baby with Feeding Tube and Nipple Shield

Feeding tube may be fed under the nipple shield or over the nipple shield, but it often works best to thread the feeding tube from outside the nipple shield through the hole in the nipple shield. This approach also helps to hold the feeding tube in place for latching.

Play video 4:
Latch with tube
and nipple
shield

<https://www.youtube.com/watch?v=HgjiiB6ca-k>



SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Addressing Challenges: Managing Time and Effort

- Practice by filling with water, assembling, disassembling, cleaning. If desired, partner can suckle with breast with nursing supplementer.
- Purchase more than one and prefill enough for the day
- Partner support

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

How baby is supplemented matters.

Bottle

Nursing supplementer

Finger-feeder

Cup or spoon

Drip/drop

Syringe or dropper



Most common methods for long-term supplementation.

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Benefits

- Skin-to-skin
- Flow may be closer to breastfeeding
- Can be administered by a caregiver other than the nursing parent

Finger-Feeder

Challenges

- Expensive
- Time-consuming to assemble, fill, clean
- Uncomfortable to use in public

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Addressing Challenges: Managing Time and Effort

- Practice by filling with water, assembling, disassembling, cleaning.
- Purchase more than one and prefill enough for the day
- Partner support

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

How baby is supplemented matters.

Bottle

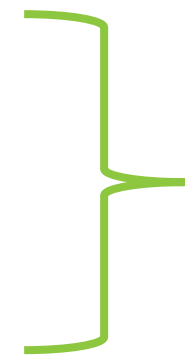
Nursing supplementer

Finger-feeder

Cup or spoon

Drip/drop

Syringe or dropper



May be more appropriate for short-term supplementation needs

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Benefits

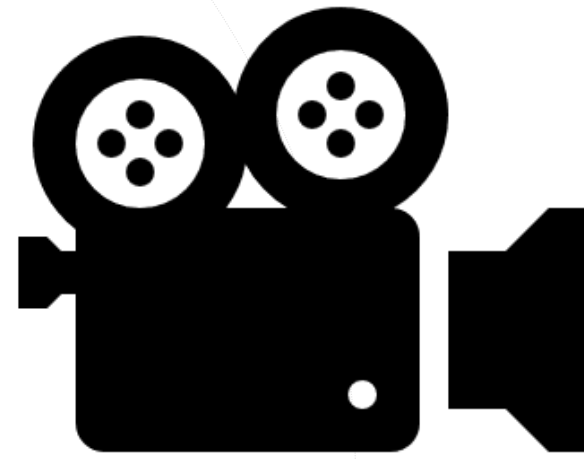
- Easy to clean
- Familiar device
- Baby controls feeding pace

Cup or spoon

Challenges

- May result in excess spillage
- Slow

Play video 5:
Cup feeding
<https://www.youtube.com/watch?v=X2t57eNGMEs>



SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Supplemental milk or formula dripped from a spoon, cup or bottle in a small stream into the corner of baby's mouth while breastfeeding

Drip-drop

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Benefits

- Easy to clean
- Familiar device
- Reinforces breastfeeding
- Encourages skin-to-skin
- Allows entire feeding to take place at the breast
- If baby has an effective suck, milk production is stimulated. Additional milk expression no longer necessary

Drip-drop

Challenges

- May result in excess spillage
- Slow
- Requires some practice and a second person

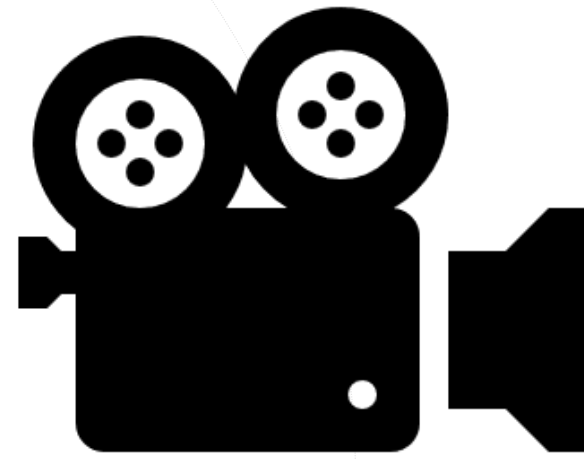
Drip-drop videos
available at

<https://www.youtube.com/shorts/7oip6zTmq6A>

With bottle

<https://www.youtube.com/watch?v=TatiDAJhnnI>

With spoon



SUPPLEMENTATION CHOOSING A SUPPLEMENTATION DEVICE

May be used in the short-term, either because supplementation is only needed short-term or as a bridge to using a nursing supplementer.

Drip-drop

SUPPLEMENTATION: CHOOSING A SUPPLEMENTATION DEVICE

Benefits

- Familiar device

Syringe or
dropper

Challenges

- Slow
- Difficult to supplement larger quantities

SUMMARY

- The primary indicator that baby is not getting enough milk while breastfeeding is excess weight loss or inadequate weight gain. Weight should be monitored carefully to ensure accuracy.
- Other considerations include number of stools per day, nursing behavior, and baby's disposition between feedings.

SUMMARY

- Baby may not be getting enough milk due to inadequate transfer of milk from the breast, insufficient lactation, or a combination of these.
- Optimizing breastfeeding management minimizes the need for supplementation of breastfeeding.

SUMMARY

- Supplementing breastfeeding is providing extra milk or formula beyond what baby is receiving through directing feeding from the breast.
- Too much supplementation results in baby getting less milk from direct breastfeeding and can ultimately result in lower milk production.
- Not enough supplementation is dangerous for baby.
- Lactation professionals can guide parents as they determine the “just right” amount to supplement. The amount of supplement to start with can be based on baby’s milk intake during breastfeeding, required milk intake, and/or weekly deficit in weight gain.

SUMMARY

- Because milk production varies throughout the day and night, supplementation needs may also vary with babies needing less or no supplementation during the night and at the first morning feeding and potentially more supplementation in the late afternoon and evening.
- Babies may need supplementation for a short period of time or a longer period of time. Babies who wean naturally will eventually no longer require supplementation as their milk requirements gradually diminish during toddlerhood.

SUMMARY

- Choosing a supplementation device makes a difference.
- Bottles are familiar and convenient but pose a risk to breastfeeding outcomes.
- Nursing supplementers may be challenging to use especially at first, but support milk production and long-term breastfeeding outcomes.
- Supplementation devices that are either less common or more appropriate for short-term use are finger-feeder, cup or spoon, drip/drop, or syringe or dropper

SUMMARY

Supplementation impacts breastfeeding outcomes.

Thank You for Participating



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