Returning to Breastfeeding
After Formula is Introduced

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Learning Objectives:
1. Name at least two reasons why women begin formula supplementation.
2. Identify at least three factors to consider when helping a mother transition to full breastfeeding after formula supplementation has already begun.
3. Name two strategies for helping a mother return to full breastfeeding.

Impact of Hospital Supplementation
- Babies delivered in community hospitals more likely to be supplemented. [Kurinij & Shiono 1991]
- Highest risk TIME for supplementation in the hospital is between 7 p.m. to 9 a.m., regardless of when the baby was born. [Gagnon 2005]
- Study of Washington, D.C. WIC mothers found that 78% of breastfed infants were supplemented during the hospital stay; 87% without medical indication. 20% were never told why their baby was supplemented. Most common reasons for supplementation were:
  - Perceived insufficient milk
  - Belief baby was lactose intolerant because of fussiness
  - To help the mother sleep
  [Tender 2009]
- Babies supplemented in the hospital are 4x more likely to have weaned by 3 months of age. Supplements given for medical reasons do NOT seem to impact duration. [Ekstrom 2003]
- The younger the baby is when supplements are given, the shorter the BF duration. [Hornell 2001]
- Supplements given on Day 1 are the biggest deterrent to continued BF duration [Bolton 2009]

Reasons Mothers Say They Began Formula Supplementation
- Hospital gave supplement (most do not give information on continued supplementation)
- Perceived insufficient milk
- WIC mothers who did not attend a prenatal breastfeeding class are 4.7 times more likely to supplement! [Tender 2009]

**Changing the Paradigm:**
What if mothers began to view formula, not as a solution, but as a TEMPORARY TOOL?

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**Milk Intake**

<table>
<thead>
<tr>
<th>Baby’s Age</th>
<th>Average Milk/Feeding</th>
<th>Average Milk/Day</th>
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</thead>
<tbody>
<tr>
<td>Day 1 (1st 24 hours)</td>
<td>2-10 mL</td>
<td></td>
</tr>
<tr>
<td>Day 2 (24-48 hours)</td>
<td>5-15 mL</td>
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<tr>
<td>Day 3 (48-72 hours)</td>
<td>15-30 mL</td>
<td></td>
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<tr>
<td>First Week (after day 4)</td>
<td>1-2 oz. (30-59 mL)</td>
<td>10-20 oz. (300-600 mL)</td>
</tr>
<tr>
<td>Weeks 2-3</td>
<td>2-3 oz. (59-89 mL)</td>
<td>15-25 oz. (450-750 mL)</td>
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<tr>
<td>Months 1-6</td>
<td>3-5 ounces (89-148 mL)</td>
<td>25-35 ounces (750-1035 mL)</td>
</tr>
</tbody>
</table>

*(ABM 2009; Mohrbacher N & Kendall-Tackett K 2005)*

**Formula Changes Things!**
- Stomach is at greater risk of allergy sensitization from non-human milks.
- Significantly alters gut flora.
- B-Lacta-albumin is an environmental trigger for allergies and diabetes. [Cantani 2003]

**Returning to Exclusive Breastfeeding – A Good Detective:**
- Asks the right questions
- Never makes assumptions
- Looks for hidden motives
- Examines the evidence
- Uses critical thinking to draw conclusions

**Infant Assessment**
- Baby’s age and birth wt.
- Lowest weight
- Scales used
- Breastfeeding frequency
- How baby takes breast
- Wet/dirty diapers
- Feeding cues given
- Swallowing heard
- Amount of supplements
- Type of birth (IV fluids? Epidural?)
- Hospital routines
- How soon after birth breastfeeding began
- Reasons baby was supplemented at the hospital and beyond
- Jaundice
- What else is baby eating/drinking
- What the doctor is saying
- Health/medical issues? (ex: heart issues? tongue tie?)

**Maternal Assessment**
- Breast changes during pregnancy/beyond?
- When did she feel milk volume increase?
- Postpartum bleeding?
- Was she engorged? How did she deal with it?
- Medications? Birth control?
- Previous breast surgery?
- PCOS?
- Unusual shaped breasts?
Medical Indications for Supplementation

- Baby under 2 weeks > 10% below birth weight
- Baby has not regained birth weight by 2 weeks
- Stools have not turned yellow by 7 days of age
- No urine output for 24 hours
- Clinical signs of dehydration
- Baby 2 weeks to 3 months gaining less than 20 g/day or 7 ounces/week
- Preference for supplement is MOM
- Give supplement at the breast if possible

Decreasing Supplements...

- Reassure mothers this takes time! Support makes the difference.
- Smaller supplements more frequently.
- Allow baby to breastfeed first without supplement to better drain breast.
- First supplement to drop: the first morning BF.
- Decrease supplement by around 2 oz. every other day while increasing feedings at the breast.
- Monitor baby’s weight closely.

...While Building Production

- All suckling at the breast when possible
- Deep latch
- Increase frequency to 10-12x/day
- Allow baby to finish first breast first
- Drain breasts WELL!
  - Offer both breasts ~ twice!
  - Breast compression and massage
  - Power pumping (Cathy Watson Genna)
  - Hands-on Pumping (Jane Morton)
- Skin-to-skin contact
  - Increases oxytocin levels
  - Increases prolactin levels
  - Increases milk production
  - Even 1 hour of S2S/day helps increase production (Hurst 1997)
  - Calms and soothes baby
  - Gives baby greater access to the breast
- Breastfeed at night
- Avoid pacifiers which can mask feeding cues

When Mom Chooses to Continue Supplementing
• Support makes the difference.
• Encourage mom to breastfeeding before supplementing to better drain the breast.
• Smaller rather than larger volumes, when possible.
• Nurse during night; supplement during day.
• Give the supplement at the breast, if possible.
• Use Mom’s Own Milk (MOM) if possible.

Talking with Mothers
• During early weeks many mothers report difficulty following instructions, remembering facts, and keeping track of time – all governed by left brain. [Eidelman 1993]
• Mothers have enhanced RIGHT brain capacity – perhaps to connect with baby. [Schore 2001]
• Tune in to the mother’s EMOTIONS.
• Teach her why her baby fusses and cries.
• Affirm! Affirm! Affirm!
• Mothers may equate feelings about their milk with feelings about their life. [Chin 2009]
• Show her what she is doing right.
• Show her how her baby loves her.
• Power of Praise!

References


Geddes DT. Inside the lactating breast: the latest anatomy research. *J Midwifery & Wom Hlth.* 2007;52(6), 556-563.


Medela. [www.medela.com](http://www.medela.com)


