Breastfeeding: Supplementing at the breast

What is supplementing at the breast?

Supplementing at the breast is a way to provide extra milk for your baby while breastfeeding. A small tube is placed by your nipple so your baby can have additional mother's milk or formula from a container while feeding.

There are several different at-the-breast **supplementer** systems used in the hospital and at home.

When is it recommended?

There are various reasons why your baby might need supplementation. After an evaluation, a **lactation consultant** (breastfeeding specialist) or other healthcare provider may recommend supplementing when:

- Your baby is able to latch on and suckle at the breast but needs extra milk
- Your baby has low blood sugar or jaundice [jawn-dis] (a yellow appearance in the skin and eyes) and needs extra milk
- Your milk hasn't come in yet or your milk supply is low
- You have had breast surgery and you aren't sure how much milk you're producing or will produce
- Your baby has already had a bottle feeding and now expects the milk to drip from the breast (baby is impatient for the flow to start)

You may need to supplement for just a few feedings or days or for longer until your milk supply increases.



Advantages and disadvantages

If you're supplementing (or considering it), discuss the advantages and disadvantages listed below with your provider or lactation consultant.

Advantages

Supplementing at the breast:

- Supports your decision to breastfeed.
- Helps your baby learn to breastfeed while receiving extra fluid and nutrition.
- Allows your baby to take in extra fluid and nutrition while your baby receives **colostrum** [kuh-LOS-trum]. Colostrum is the first milk your body produces, and it contains important antibodies.
- Stimulates your milk production. Your milk may come in faster or you may produce more milk.
- May encourage your baby to continue to prefer breastfeeding over bottle-feeding.

Disadvantages

Supplementing at the breast:

- Can be awkward. You may need the help of a second person.
- May cause mothers and babies to become too dependent on the supplementer. Babies get used to the supplementer's faster flow of milk.

How do I supplement at the breast?

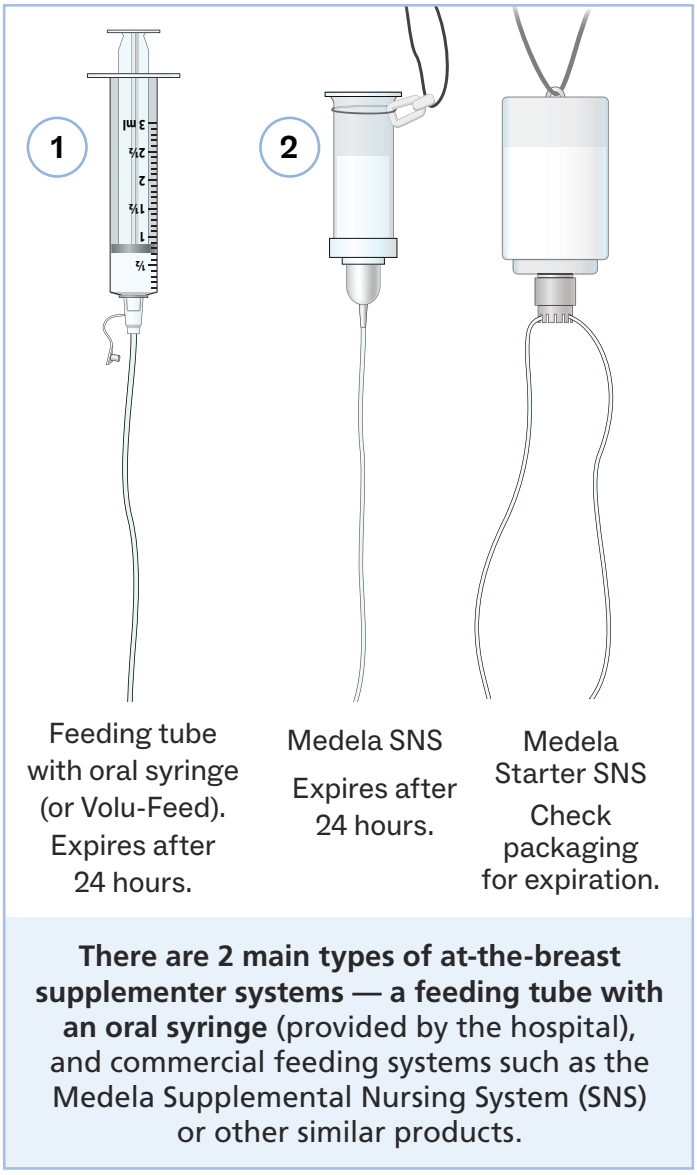
There are 2 main types of at-the-breast supplementer systems. When you first begin, you'll probably use a feeding tube with an oral syringe provided by your lactation consultant or other provider at the hospital. If you continue to supplement for more than a few days, you can consider buying a commercial system. These are more durable for longer-term use. An example is the Medela Supplemental Nursing System (SNS).

Feeding tube with an oral syringe (or Volu-feed)

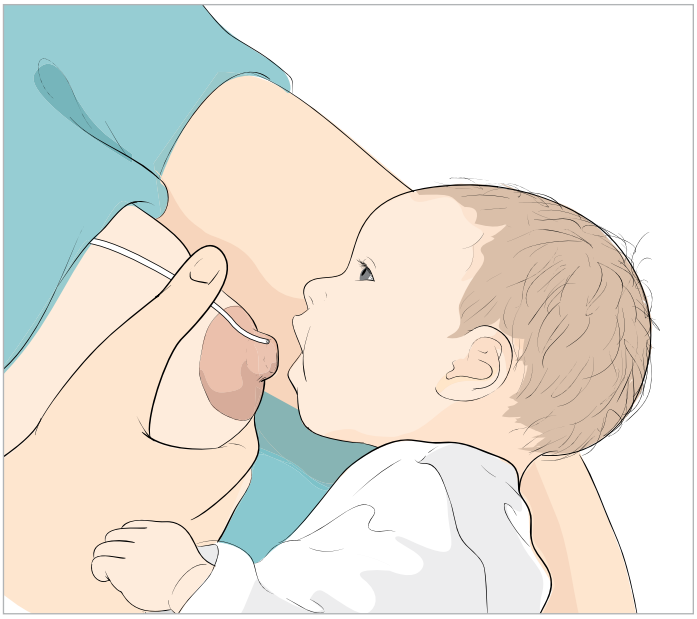
1. In the hospital, your nurse will probably give you an oral syringe (or Volu-feed bottle) for the milk. The feeding tube will be small and flexible.
2. Put the recommended amount of milk for that feeding in the syringe or Volu-feed and connect the feeding tube to it. (See the last page of the handout for general guidelines.)
3. Tuck the syringe or Volu-feed in your bra strap (or clip it there) on the side opposite the breast you're using for feeding. Or, you can have someone else hold it during the feeding. The bottom of the bottle should be at about nipple level.

Placing the tube and latching your baby at the breast

1. Hold or tape the feeding tube on the breast, in the place where your baby's upper lip will be while nursing. (If you tape the tube in place, use paper tape.) The tip of the tube should extend to the end of your nipple. (See picture at right.)
2. Bring your baby to the breast and either:
   - Let your baby grasp the breast and the tube at the same time, or
   - Let your baby latch on to your breast, then slide the tube into the upper corner of the baby's mouth after latch-on.
3. You may need to adjust the placement of the tube to help your baby get a better grasp on the tube or more milk from the tube. It doesn't matter if the tube is under the baby's nose or off to the side, so long as the baby is latched on and drawing milk from the tube.



There are 2 main types of at-the-breast supplementer systems — a feeding tube with an oral syringe (provided by the hospital), and commercial feeding systems such as the Medela Supplemental Nursing System (SNS) or other similar products.



Controlling the flow rate of the milk

Flow rate is simply how fast or slow the milk comes through the tube into your baby's mouth. You'll know you have a good flow rate if your baby is sucking 1 or 2 times for every swallow. You should also look for bubbles entering the Volu-Feed. This is another sign that your baby is getting milk from the supplementer.

With a feeding tube and syringe, or Volu-Feed, your baby may pull the milk in at a good rate just by sucking. If the rate is too slow, try adjusting the tube as mentioned on page 2. If you're using an oral syringe, you can also very lightly tap the end of the plunger (do this only when the baby is sucking, and give only a tiny tap or nudge).

With a commercial supplementer, the flow rate is mostly controlled by the height of the system. To increase the flow rate, raise the bottle above the level of the nipple. The higher the bottle, the faster the flow.

How much milk should my baby get from the supplementer?

If you use the supplementer for more than a few feedings, your baby will need increasing amounts of supplemented milk or formula. Your provider can tell you how much your baby needs to receive. You can use the write-in plan on page 4 to write notes about it.

Supplemental feeding guidelines for your baby's first few days of life

DAY 1	DAY 2	DAY 3	DAY 4 DAY 5
2 to 10 milliliters (mL) per feeding	5 to 15 milliliters (mL) per feeding	15 to 30 milliliters (mL) per feeding	30 to 60 milliliters (mL) per feeding

As your own milk production increases — usually by day 4 or day 5 — your baby may take less from the supplementer.

How do I clean the supplementer?

To clean the supplementer, follow these steps:

1. Take the pieces apart.
2. Run water through the tubes.
3. Wash all the pieces in hot, soapy water.
4. Rinse well and let the parts air-dry on a clean towel.
5. Push air through the tubes to help the pieces dry.

Transitioning from a supplementer

Ask your provider when and if you can begin to transition away from supplementing. Use the write-in plan on page 4 to note your target date.

Try these tips to help your baby adjust to feedings without the supplementer:

- **Start the feeding with the supplementer in place.** When the baby is sucking well, clamp off or remove the tube. As your baby keeps sucking, listen and watch for swallowing.
- **If your baby becomes very frustrated, restart the supplementer** and try again at another feeding.
- **Before breastfeeding, pump for several minutes** to trigger letdown of your milk. Your baby may be more willing to stay on the breast if the milk is already flowing well.

For babies born before 37 weeks:

Your baby may need additional supplementation as amounts for later preterm babies are higher. Learn more in the Caring For Your Late Preterm Baby handout.


FACT SHEET FOR PATIENTS AND FAMILIES

Intermountain Healthcare

Caring for Your Late Preterm Baby

What does "late preterm" mean?

What special care does my late-preterm baby need?

Protect your baby from germs

Feed your baby often

When should I schedule a checkup?

Take your baby to the doctor for a checkup 1 to 2 days after leaving the hospital. The doctor can answer your questions, give you advice about feeding, and help make sure your baby is doing well. You may also benefit from a visit with an outpatient lactation consultant.

When should I call my baby's doctor?

Call your baby's doctor if:

- **On the 1st day of life,** your baby doesn't have at least 1 wet diaper and 1 messy diaper in a 24-hour period
- **On the 2nd day of life,** fewer than 2 wet diapers and 2 messy diapers in a 24-hour period
- **On the 3rd day of life,** fewer than 3 wet diapers and 3 messy diapers in a 24-hour period
- **On the 4th day of life,** your breastfed baby has fewer than 4 wet diapers and fewer than 4 mustard-yellow stools (poops) in a 24-hour period
- **On the 5th day of life,** you don't think your milk has come in, or there is no change in how your breasts feel
- **In the first 2 months,** your baby has no messy diapers at all in a 24-hour period
- **Your baby has jaundice** that doesn't go away or spreads to cover more of their body. Jaundice means your baby has too much bilirubin in their blood, which makes their skin look yellow and makes them sleepier than usual.
- **Your baby refuses to eat** at all or consistently sleeps 5 to 6 hours between feedings

My Supplementation Plan:

Reason for supplementing:

_____

_____

Supplement with breastmilk of formula with this device:

_____

_____

Use the amounts listed on page 3 or follow the gudelines below:

_____

_____

_____

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_____

Expect to supplement until:

_____

Begin the transition to breastfeeding alone:

_____

Phone number for lactation consultant:

_____

Scan the code to see a list of lactation clinic locations:

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