Intermountain® Healthcare

Breastfeeding: *Supplementing at the Breast*

What is it?

Supplementing at the breast is a way to provide extra milk for a baby during breastfeeding. A small tube is placed at the mother's nipple so that the baby can draw mother's milk or formula from a container while nursing.

There are several different at-the-breast supplementer systems used in the hospital and in the home. This fact sheet gives basic information for using a supplementer with your baby.

When is supplementation recommended?

There are various reasons why a baby might need supplementation. After an evaluation, a lactation consultant (breastfeeding specialist) or other healthcare provider may recommend supplementing in a situation such as the following:

- Your baby is able to latch on and suckle at the breast but needs more milk.
- Your baby has low blood sugar or jaundice and needs extra milk.
- Your milk hasn't come in yet or your milk supply is low.
- You've 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 temporarily — for just a few feedings or days — or for a longer time. Your provider or lactation consultant can advise you.

Supplementing at the breast can give your baby extra calories and fluids, stimulate your milk production, and help your baby learn to breastfeed well.

What are advantages and disadvantages?

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

Advantages:

- Supplementing at the breast supports your decision to breastfeed.
- Your baby can learn to breastfeed while receiving extra fluid and nutrition.
- While taking in extra fluid and nutrition, your baby can receive **colostrum**. Colostrum is the first milk your body produces, and it contains important antibodies.
- Supplementing at the breast stimulates your milk production (your milk may come in faster, you may produce more milk).
- Supplementing at the breast (rather than from a bottle) may prevent your baby from learning to prefer a bottle nipple.

Disadvantages:

- At-the-breast supplementation can be awkward. You may need the help of a second person.
- Mothers and babies may become dependent on the supplementer, since babies get accustomed to the supplementer's faster flow of milk.

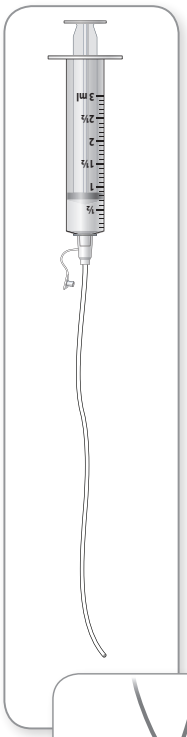
How do I supplement at the breast?

There are two main types of at-the-breast supplementing systems. When you first begin, you'll probably use a tube and a syringe (or small container) provided by your lactation consultant or other provider. If you continue to supplement for more than a few days, you can consider buying a commercial system with a tube for each breast and a strap to hang the container around your neck. These are more durable for longer-term use. Examples include the Medela SNS and the Lact-Aid systems.

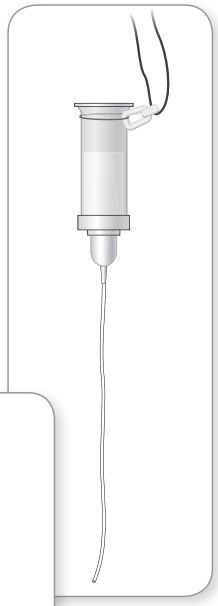
Below are general directions for each type of supplementer.

Getting started with...

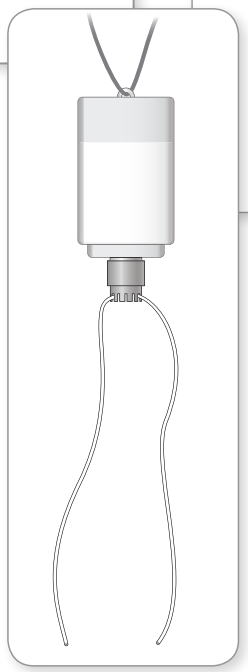
- A feeding tube and syringe or small container:
  - In the hospital, your provider will probably give you an oral syringe or small container for the milk. The feeding tube will be small and flexible.
  - Put the recommended amount of milk for that feeding in the syringe or container (see the last page of the handout for general guidelines) and connect the feeding tube to it.
  - Tuck the syringe or container 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.
- A commercial supplementing system with two tubes:
  - Assemble the system according to the instructions that come with the kit.
  - Fill the container with the recommended amount of milk for that feeding in the syringe or container (see the last page of the handout for general guidelines).
  - Hang the milk container around your neck.
  - Position the container so that the bottom of the milk container is at the same level as your nipples.



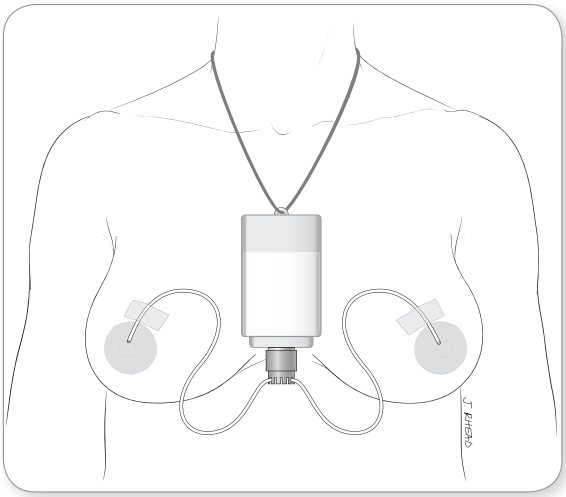
Feeding tube with oral syringe



Feeding tube with small container



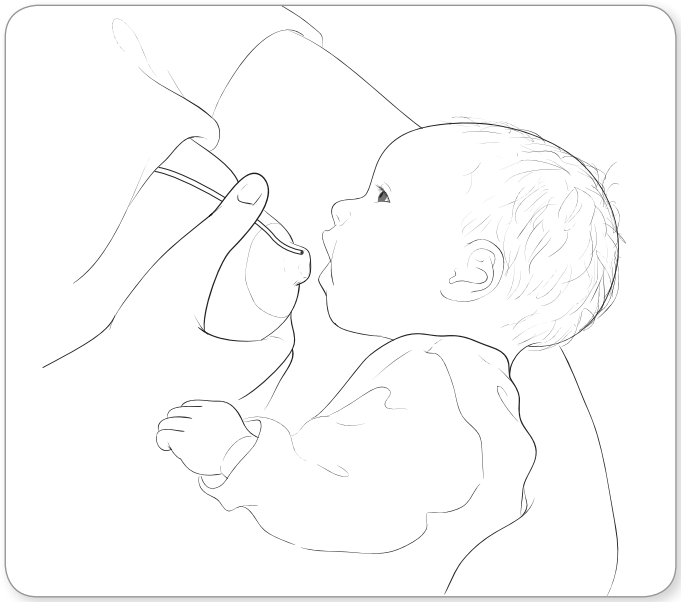
Commercial supplementer system with two tubes



Commercial system, set up for a feeding

Placing the tube and latching your baby at the breast

- 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.
- 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 in the upper corner of the baby's mouth after latch-on.
- 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.



Controlling the flow rate of the milk

The "flow rate" refers to 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 you see that your baby is sucking 1 or 2 times for every swallow. You should also look for bubbles entering the container — this is another sign that your baby is getting milk from the supplementer.

- With a feeding tube and syringe or small container, 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 above. 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 primarily controlled by the height the system is worn. To increase the flow rate, raise the bottle above the level of the nipple. The higher the bottle, the faster the flow.

Cleaning the supplementer

- Take apart the pieces of the supplementer system.
- If you're using a commercial supplementer, follow the packaging instructions for cleaning. Otherwise, wash all the pieces in hot soapy water. Rinse well and let the parts air-dry on a clean towel.
- Run water through the tubes, and then push air through them to help them dry.

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 this page to write notes about this.

Here are some general guidelines for the first few days of your baby's life:

- Day 1 – 5 to 10 mL per feeding
- Day 2 – 10 to 20 mL per feeding
- Day 3 – 20 to 40 mL per feeding
- Day 4 – 30 to 60 mL per feeding
- Day 5 – 30 to 60 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 can I transition to breastfeeding without a supplementer?

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

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

- Start the feeding with the supplementer in place, and then when the baby is sucking well, clamp off or remove the tube. As your baby keeps sucking, listen and watch for swallows.
- 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.

When should I contact a healthcare provider?

Within a day or two of leaving the hospital, take your baby to the doctor for a checkup. The doctor can answer your questions, give you advice about feeding, and help make sure your baby is doing well. The doctor may also refer you to a lactation consultant.

In addition to this important follow-up, call a healthcare provider if:

- Your baby has not had a bowel movement in 24 hours
- Your baby is not having 4 or more yellow-brown bowel movements a day after the 4th day of life
- You aren't sure whether your milk has come in by day 5

My plan: supplementing at the breast

- Reason for supplementing: _____

  _____

- Supplement using this device _____ and providing mother's milk / formula.
- Use the guidelines at left for amounts to supplement, or follow these guidelines:

  _____

  _____

  _____

  _____

  _____

- Expect to supplement until:

  _____

  _____

  _____

- Begin the transition to breastfeeding alone:

  _____

- Phone number of lactation consultant:

  _____

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