Breastfeeding Mother Requests Formula Algorithm

Ask More to Understand Her Concerns:

"I don't have milk yet"

"Baby is not getting enough"

"Baby is still hungry"

"I am sore"

"I don't like it"

Re-State and Validate Her Concerns:

"So, you are worried because..."

"Your concern is that..."

"I can see why you would be worried..."

Review Normal Physiology and Provide and Document Appropriate Education Points:

Stomach size, drops → ounces of milk Risks of using formula → can lead to low supply

Feeding on cue, and days/nights mixed up,

"second night"

Offering empty breast sends strong signal to make more

Baby's job is to tell mom's body that he/she is

here

Ask "May I Watch a Feeding to See What He/She is Doing and if There is Some Way I Can Help?":

Is latch shallow, morn uncomfortable, are nipples sore? Is morn feeding with every cue? Is baby getting settled at the breast?

It is possible that with assistance, hand expression, and breast compression that we can help the baby feed more effectively and get more settled instead of using an artificial breastmilk substitute if we can help her achieve an effective latch.

Check

- 1. Is there a 90 degree angle of jaw from nose to ear to lower jaw?
- 2. Are the upper and lower lips both flanged?
- 3. Is chin very buried and nose free?
- 4. Is baby's tummy firmly and squarely up against mom's body?
- 5. Is nipple pointed toward baby's nose?
- 6. Is the baby suckling deeply and effectively
- or falling asleep or very shallow?
- 7. Is there visual or audible milk transfer?
- 8. Does mom report that the latch is comfortable?
- 9. Is the nipple rounded after feeding? Not flat, or lipstick-y?

Provide assistance as needed. Notify LC if unable to achieve a deeper, more comfortable latch or breastfeeding champion on that night

Evaluate Objective Data for Medical Necessity:

- 1. Is the weight down more than expected from birth weight? General rules: ~3 % per day, not more than 12% ever. Note: LGA babies and babies whose moms received lots of IVF prior to delivery are expected to lose more than average
- 2. Is there less than one diaper per day of age in the last 24 hours?
- 3. Has there been >24 hours without a stool?
- 4. Has the baby not ever successfully breastfed and mother is unable to manually express even drops of colostrum?
- 5. Is baby's mouth dry to touch with no saliva?
- 6. Does the infant have other special needs such as hypoglycemia or prematurity or other underlying condition to consider?

If 'YES' to any of these and/or if Parents still prefer to use some formula after education/assistance:

- 1. Call MD/NP to discuss the situation and consider the use of formula supplementation and obtain an order
- 2. Educate on the potential risks of supplementation with formula: Early cessation, Less exclusivity, Different kind of suckling with artificial nipples, Problems with milk supply. Potential for development of cow's milk allergy
- 3. Teach mom how best to preserve breastfeeding: Keep baby skin-skin while awake, continue to put to breast with every feeding cue, use breast compression and hand expression with each feeding, pump for at least 10-15 minutes for every time the baby receives any formula to signal body that baby wants more, offer whatever she pumps to baby first, followed by a limited amount of formula (15-20mls first 24-48 hrs, 30mls 48-72 hrs, 30-45mls >72 hrs roughly) with cup, spoon, syringe

If "NO' to all of these questions:

- 1. Probably no medical need for formula supplementation at this time
- 2. Provide reassurance to family based on objective data and normal physiology
- 3. Evaluate continuously, at least every 12 hours, for changes in clinical status (see Evaluate Objective Data for Medical Necessity box above)