

Document Classification

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| Document Title | Infant Feeding – Infant Formula |
| Document Type | Policy |
| Activity & Sub-Activity | Clinical Practice |
| Function(s) | Clinical Service Delivery |
| Health Service Group (HSG) | Women's Health |
| Key words | Infant, feeding, formula |
| Author - role only | Lactation Consultant |
| Owner - role only | Midwifery Leader |
| Departments affected | Maternity, Women's Health |
| Staff affected | All clinicians in Maternity, Women's Health, including private LMC's and Access Holders |
| Edited by | Clinical Policy Advisor |
| Date first published | May 2011 |
| Date this version published | May 2011 |
| Date of next scheduled review | May 2014 |
| Unique Identifier | NMP200/SSM/083 |

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1. Purpose of policy

The purpose of this document is to provide consistent quality advice and education for staff, mothers and Whanau / caregivers to enable understanding on the safety, hygiene and nutritional aspects involved in feeding with infant formula. For the purpose of this document, this information is for the early postpartum period during the mothers hospital stay. It has been designed to further enhance mother / baby relationship and interactions.

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2. Policy statements

Auckland District Health Board (ADHB) Women's Health has a strong commitment to promoting, protecting and supporting breastfeeding. Some mothers have, after careful consideration and through a process of informed decision making, decide to solely formula feed. Women's Health support's that decision and will provide education on how to reduce the risks of contamination and provide consistent quality education on how to prepare formula and sterilise equipment.

ADHB expects all staff who are employed or who hold a current Access Agreement to support the facility in achieving Baby Friendly Hospital Initiative (BFHI) status.

Infant formula

Infant formula is made for babies who are not breast fed. Infant formula is not sterile and cannot protect babies in the same way breastmilk does. If formula is the decided feeding option, it will be required until the baby is 12 months of age (along with complementary food which will be introduced around 6 months of age). Formula feeding doesn't have to be a sole decision. In some circumstances breastmilk may still be provided (this option disappears quickly if the breasts are not regularly stimulated).

Commitment to inform and educate parents

Women's Health is committed to protecting, promoting and supporting breastfeeding as the normal feeding practice for New Zealand babies. All maternity staff, self employed LMC's and access holders are required to be familiar with and utilize the ADHB Women's Health [Infant Feeding - Breastfeeding](#) policy to ensure best practice when working in partnership with women.

All staff should be familiar with the:

- International Code of Marketing Breast Milk Substitutes and relevant World Health Organisation (WHO) resolutions 2009
http://www.who.int/nutrition/topics/WHA63.23_icycn_en.pdf
- Global Strategy for Infant and Young Child Feeding WHO / Unicef 2003
http://www.who.int/nutrition/topics/global_strategy/en/
- Ten Steps to Successful Breastfeeding <http://www.unicef.org/newsline/tenstps.htm>
- New Zealand Breastfeeding Authority Baby Friendly Hospital Documents for Aotearoa New Zealand 2008

<http://www.babyfriendly.org.nz/resources/pdf/NZBA15%20-%20R2%20-%20BFHI%20Action%20Plann.pdf>

All mothers have the right to make a fully informed decision as to how to feed their babies. The provision of clear and impartial information to all parents at an appropriate time is therefore essential. Feeding options are normally discussed antenatally by the woman's Lead Maternity Carer (LMC), where this has not taken place or the mother is undecided, Women's Health staff will provide information regarding methods of feeding. Women's Health staff will not discriminate against any woman who decides to solely formula feed and will fully support her.

Contact from company representatives

Formula company reps will only meet with appropriate Nutrition Services staff who in turn will inform Maternity Managers and Lactation Consultants as required about changes to infant feeding products.

In addition:

Infants who should not receive breastmilk, or other milk, including the usual breastmilk substitutes may include infants with:

- Rare metabolic conditions such as galactosemia who may need feeding with a galactose-free special formula
- Maple syrup urine disease where a special formula is required

There are a very few maternal medical conditions where breastfeeding is not recommended:

- New Zealand mothers with HIV should receive advice about the use of an adequate alternative to breastfeeding (HIV – AIDS information for Health Professionals MOH 1999)
- Cytotoxic chemotherapy usually requires that a mother stops breastfeeding whilst receiving Cytotoxic drugs or on the instruction of her doctor
- Situations where mothers should avoid breast feeding temporarily
- Lyme disease – until mother has started treatment
- Radioactive iodine – 131 – a mother can resume breastfeeding about two months after receiving radioactive iodine – 131
- Read and follow the instructions on the tin of PIF
- Very few maternal medications may preclude breast feeding at the time of use. These should be assessed by a Health Professional experienced in this area.
- Substance abuse – after a single episode of cocaine or amphetamine use, or large doses of alcohol, mothers are advised to express and discard the milk and use an alternative milk source, i.e. donor milk or an infant formula. Repeated substance abuse warrants individual assessment of both the risk of breastfeeding and the capacity to the mother to care for the child

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3. Infant formula / bottle feeding

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Information for mothers deciding to use infant formula

Ensure that all women have made an informed decision with their LMC's and are aware of the risks of formula feeding. This is to be documented in the careplan antenatally. Women who choose to formula feed will provide a supply of newborn formula, teats, bottles and sterilizing units. Emphasise the importance of good hand washing technique prior to preparing equipment and infant formula. Good hygiene practices when preparing infant formula can significantly minimise risk of infection from possible contaminants. The New Zealand Ministry of Health recommends a dairy-based (i.e. cows milk) powdered infant formula. Non dairy-based formula should only be fed to babies if it is recommended by a Paediatrician and / or Paediatric Dietician. Women may find the choice of formula on the market confusing. A specific brand should not be recommended. However, if a mother asks what formula was used while in hospital she can be given the brand details. It is important that women are informed about using:

- The correct infant formula for the baby's age
- Whey-based infant formula
- Dairy-based infant formula

NB: There is some evidence that hydrolysed formulas may reduce the risk of allergic disease in high risk infants. Infants are defined as high risk of developing an allergy if at least on first degree relative (parent or sibling) has documented allergic disease (this includes: atopic dermatitis, asthma, allergic rhinitis and food allergy). Hydrolysed formula is a cow's milk based formula that has been processed to break down most of the proteins which cause symptoms in cow's milk allergic infants. In New Zealand partially hydrolysed formulas, usually known as 'HA' or 'Hypoallergenic' are the only infant formula recommended for allergy prevention.

Medical indications for use of infant formula

A small number of medical indications in a Maternity Service may require that individual newborn are given infant formula in addition to breastmilk or in place of breastmilk where it is not available or contra-indicated (WHO). These include:

- Newborns with specific inborn errors of metabolism e.g. galactosaemia
- Newborns whose mother have a serious illness which precluded breastfeeding
- Newborns of mothers infected with HIV / AIDS
- Newborns whose mothers are taking medication which is contra-indicated when breastfeeding and for which there is no safe alternative. It is important to review medications to get the most up to date data on the drug safety as new evidence is being produced

Infants who may need infant formula in addition to breastmilk:

- Hypoglycaemia (blood sugar <2.6mmol/L)
- Very low birth weight newborns (<1500g)

- Prematurity (<32 weeks gestation)
- Severe hyperbilirubinaemia
- Phenylketonuria where breastmilk is partly replaced with phenylalanine free formula
- Acute clinical dehydration

Advice to mothers on discharge from hospital

Preparation and storage of powdered infant formula

- Powdered Infant Formula (PIF) is not sterile, it may contain bacteria
- These bacteria almost never cause illness as long as the PIF is prepared and stored properly
- There is an expiry date on the bottom of the PIF tin which applies until the seal is broken. The date should be written on the container once the seal is broken
- Once the seal is broken the PIF must be used within 4 weeks
- Store in a clean, dry place with the lid kept on tight

Preparing powdered infant formula

Staff preparing PIF are to follow the instructions below and demonstrate these instructions to the mother. The mother should then be supervised by the staff member until she is confident to prepare the infant formula without supervision.

- Read and follow the instructions on the tin of PIF
- Always wash hands thoroughly before preparing bottle feeds. The working environment must be clean and equipment sterilised.
- Boil fresh water and allow to cool until warm / lukewarm
- Pour the correct amount of cooled boiled water into the bottle
- Measure the powder using the scoop provided with the tin. Each tin has its own measuring scoop. Do not use one from another brand
- Level the powder, most tins have a lip inside the tin for this, and do not pack down into the scoop or tap the scoop. The concentration is always as per directions on the tin; never alter this as it can be harmful to the baby
- Add required number of scoops of powder to the volume of water in the bottle. Always add the powder to the cooled boiled water otherwise an incorrect volume of water may be used and the prepared formula will not be of the correct nutritional value
- Attach lid and shake thoroughly to dissolve and mix the powder
- It is recommended that only the amount needed for the baby's next feed is prepared, rather than several feeds at the same time
- Prepare the feed as close as possible to feeding time
- Assess the mother's level of understanding English – use an interpreter if required

Water

For at least the first 3 months, all water (including purchased water) used to make up PIF should be boiled and cooled on the day it is used.

- Boil water for 3 minutes on the stove top or until an automatic kettle switches itself off
- Water from tanks or bore holes should still be boiled and cooled for babies and toddlers until they are about 18 months old

Storage

It is strongly recommended to only prepare PIF immediately before use. However, where a parent/caregiver must prepare a feed in advance (for a babysitter, or to take out to take with her), advise her to:

- Keep the prepared feed of PIF in the back of the fridge (0-4°C check fridge temperature) for no more than 4 hours
- The prepared PIF should not be kept at room temperature for more than 2 hours
- If the mother / caregiver needs to carry a prepared bottle of PIF, keep it cold in a chilly bin or insulated carrier and discard when it has been out of the fridge for more than 2 hours
- Ideally, cooled boiled water in a sterilized bottle and PIF powder should be kept separate, and then mixed just before use
- Mothers should be given the Women's Health "Information about bottle feeding your baby – information for parents" booklet prior to discharge. A trained Health Professional is required to go through this information with the mother

Further advice for heating PIF

Microwaves can overheat or heat unevenly and are not recommended for warming PIF. Therefore this method should not be used in hospital. However, if parents choose this method at home they should:

- Shake the prepared PIF thoroughly and leave to stand for 2-3 minutes
- Shake it again; test the heat with a few drops on the inside of the lower arm. It should feel just warm
- Use the warmed PIF within 20 minutes
- Discard any remaining PIF
- Never reheat prepared PIF that has already been warmed or offered for feeding
- Some babies are quite happy being fed prepared PIF at room temperature

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4. Ready to feed (RTF) formula

In line with Ministry of Health recommendations Ready to Feed (RTF) is now used at ADHB.

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Rotation of RTF formula

In accordance with the BFHI documents RTF infant formula used in the Maternity Facility are rotated. A rotation period of 3 months applies. RTF infant formula is purchased through normal procurement procedures and is purchased at wholesale or no less than 80% of the retail price. Selection of RTF products will be reviewed as required with assistance from Nutrition and Food Services.

The New Zealand Ministry of Health (August 2004) states that Ready to Feed (RTF) formula must be supplied and used for premature (< 37 weeks gestation), low birth weight (< 2500g), and sick babies. RTF is sterilised in the bottle so there is less risk of infection for babies.

NB: The MOH recommendation based on industry recommendations for decanting and storage RTF artificial baby milk (November 2005)

- Only trained personnel should decant RTF. The best hygiene techniques should be applied, including thoroughly washed hands and avoiding any contact with the liquid. It is essential for the decanting to take place in a thoroughly clean environment
- If only a partial feed is required for the infant, the anticipated amount should be decanted into a sterile container and after warming to the correct temperature fed to the infant immediately. Any excess left after the feed should be discarded

This applies to the RTF supplied for hospital use only in a sterile glass bottle:

- Ensure that the appropriate RTF is being used
- Store at room temperature
- Check expiry date before use
- Identify batch number and record appropriately in register
- Check cap button before use – do not use if the button can be depressed
- Shake well before use
- Always wash hands thoroughly before decanting. The working environment must be clean and equipment sterilised
- Decant required volume into sterile container using aseptic technique
- After decanting, the balance of RTF in the glass bottle should be recapped immediately and stored in a refrigerator at below 4°C for no longer than 12 hours
- Use an appropriate alternative feeding method for a breastfed baby
- Once warmed, use within 20 minutes
- Discard all unused RTF
- Staff are to complete the register in the “breastmilk substitute room” ensuring all columns are completed and signed

Warming the prepared RTF

RTF can be warmed by placing the container of prepared RTF in a container of warm water. Take care not to use water that has recently boiled due to risk of scalding if spilled – water from a hot tap is adequate.

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5. Bottles and teats supplementation

The postnatal wards no longer have a supply of bottles and teats. In line with step 9 all staff are trained in “alternative methods” of feeding other than a teat and bottle. For supplementation, a sterile syringe or pink topped container is to be used. Mothers who are solely infant formula feeding need to bring in to hospital infant formula, teats, bottles and sterilizing equipment. It is the LMC’s responsibility to ensure this happens and the woman is aware of this situation. If parents arrive without these, they can either purchase them from a pharmacy or local supermarket. If it is not possible to obtain these, the baby can feed via a sterile feeding cup which is readily available from the post natal wards until one is obtained. Should a specialist bottle such as a Haberman, Pidgeon or x cut teat be necessary, these will be individually issued and are not disposable.

Hospital supplied pink top storage containers are Bisphenol A free.

Boiling method

This is intended as information for women who wish to use this method at home with their own equipment. The mother should be advised to:

- Wash her hands
- Clean bottles, tops and teats in warm soapy water. Use a bottle brush on the inside of the bottles. Regularly check teats and bottles for wear and tear as splits/cracks can harbor harmful bacteria
- Clean teats with a small teat brush to remove all traces of milk. Rinse thoroughly and force water through holes in teat. **Salt is no longer recommended for cleaning teats** as even small amounts left on the teat can be harmful to the baby
- Rinse all equipment with cold water
- Place bottles, tops and teats in a pot and cover completely with water
- Bring to the boil and boil for 5 minutes
- Once cooled, remove carefully and drain. Use straight away or put bottle, teat and top together and store in a clean, dry area until needed

Cold sterilising method

Intended as information for parents/caregivers who wish to use this method at home with their own equipment: Advise the parents/caregivers:

- Read manufacturer instructions for the sterilising solution or tablets being used
- Wash hands thoroughly
- Ensure all equipment is non metallic

- Use a clean container with a lid that is large enough to hold all equipment and volume of water required
- Add required amount of sterilising solution or number of tablets to the measured amount of water. Note required length of time it takes for equipment to become sterile
- Place previously cleaned equipment (same as for boiling method above) in solution and ensure it is all completely submerged
- Leave fully immersed in solution for required length of time to be sterilised.
- Remove equipment with clean hands
- Drain and put bottles, tops and teats together. Use straight away or store in a clean, dry area until needed
- Do not dry bottles, tops or teats with a tea towel or other towel as this can re-introduce bacteria

Other methods to sterilise

Parent/caregivers should be encouraged to follow the instructions as provided by the manufacturer.

Intolerances

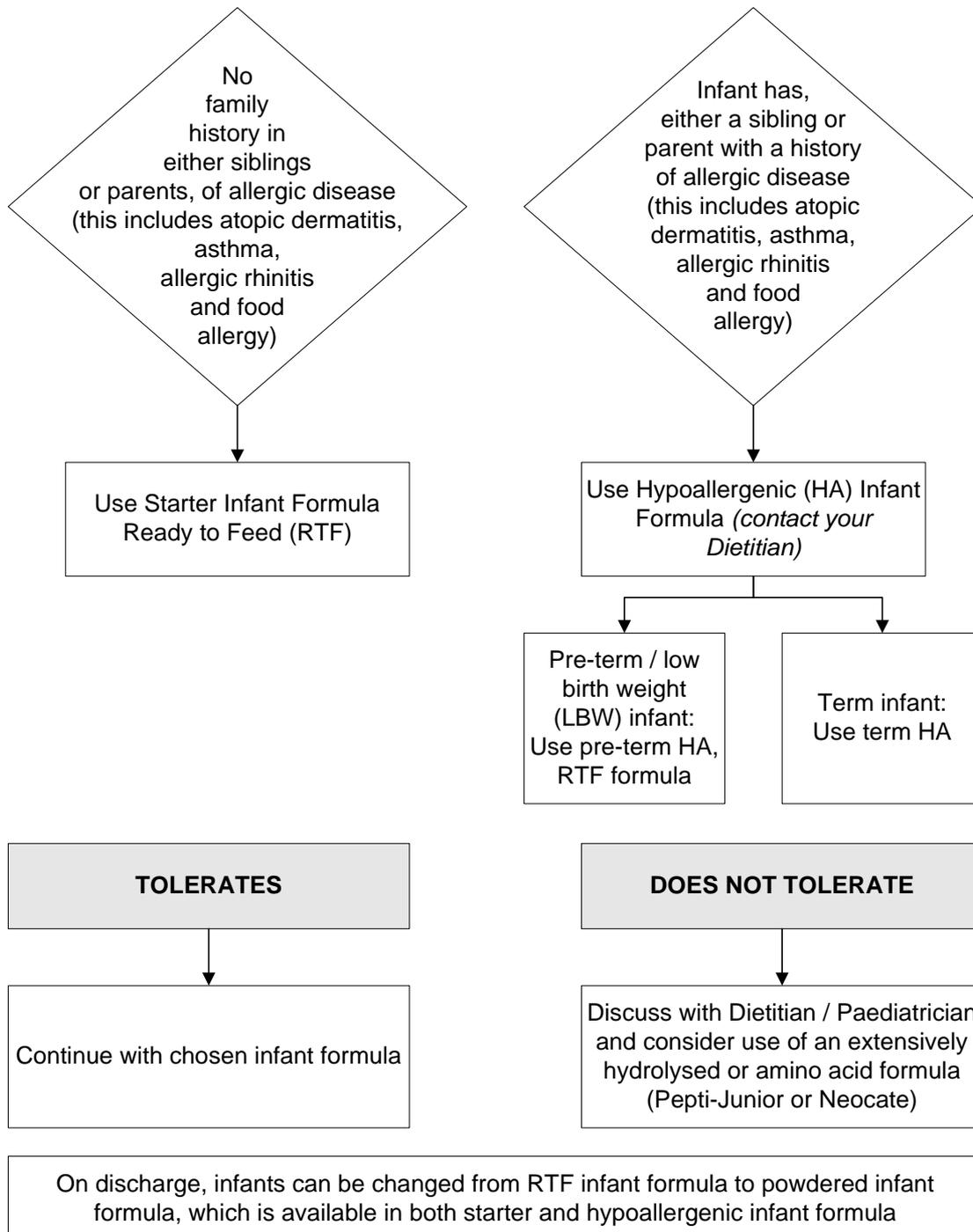
A few babies are sensitive to cow's milk proteins and may suffer intolerances or allergies.

Professional advice should be sought before changing formula. Paediatricians may recommend a more specialised formula if there is a diagnosed allergy, malabsorption or metabolic disorder.

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6. Specialised formula flowchart

This flowchart is for use in hospital when exclusive breastfeeding is not possible and there is a family member, either a sibling or parent, with a history of allergic disease



Should specialist formula be required the duty manager can obtain this after hours. It is recommended that this be discussed with the LMC first.

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7. Breastfeeding and the effects of giving infant formula or other breastmilk substitutes

Breastmilk is the best food for babies. Exclusive breastfeeding protects the baby from infections and illnesses in childhood and later life.

The World Health Organisation recommends exclusive breastfeeding until the baby is six months old and then with the addition of appropriate solid foods, continued breastfeeding into the child's second year plus of life. To enable women to make an informed decision with regards to feeding, it is important to provide them with the following information:

- Breastfeeding works on a demand / supply basis. The more the baby suckles at the breast and removes colostrum or milk, the more milk the mother makes. This will mean feeding the baby on demand, about 2-3 hourly day and night (8-10 times a day)
- Research indicates that giving breast milk substitutes such as water, glucose (sugar water), artificial baby milk (formula) or other fluids to a breastfed baby in the first six months is unnecessary. It may lead to stopping breastfeeding before the mother intends to
- The baby may not feed as well from the breast after a feed of infant formula in a bottle or other breast milk substitute, and therefore not stimulate milk supply. This can lead to less milk being made

It is important for women to know the likely effects of giving infant formula so that they can make an informed decision.

- More babies who are fed with infant formula are admitted into hospital with upper respiratory conditions and gastroenteritis
- Exclusively breastfed babies are less likely to have food allergies and related problems such as diarrhoea, vomiting, eczema, asthma and respiratory infections. This is because breast milk helps provide a baby with immunity and protection against infections
- Giving artificial baby milk reduces the protective effect that breast milk gives and can affect a baby's immune system
- Breasts may become engorged (overfull). This signals to a woman's breasts to stop making breast milk
- If fed by bottle, the baby uses a different sucking action on a synthetic teat and may have problems latching onto the breast and cause sore nipples
- Incorrect cleaning of bottles, teats and equipment can lead to diarrhoea and infections. Preparing and storing infant formula incorrectly can make a baby sick
- There is a continued cost in buying formula and replacing bottles and teats
- Increases the risk of diabetes in childhood, and childhood and adult obesity

In special circumstances extra calories are medically required. Some babies have low blood sugars, are small at birth, premature or have other difficulties. These babies are likely to be under the care of a Paediatrician. It is always preferable to give expressed breastmilk (EBM) when extra calories are required orally, however if EBM is not

available infant formula may have to be considered. There are currently no Breastmilk Banks available in New Zealand.

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8. How to bottle feed a baby with infant formula

Cue based feeding

All babies have different requirements throughout the day. Babies need cuddles, activities, and the mother's time as well as food. Babies have hunger cues (tight fists, hands to mouth, searching and sucking movements, restlessness), and satisfaction cues (relaxed arms and face).

Feeding from a bottle can be very fast if the teat has a fast flow (more than 1 drop/second). Slowing down the bottle feed with several breaks helps the baby to feel satisfied before overfeeding.

All babies have a need to suck, to pacify and help their digestion. For this reason it's good to have a slow teat, so the volume of formula takes time to swallow.

Teaching mothers how to bottle feed the baby

- Hold the baby nearly upright, support their back, neck and head so that their head rests back on their mothers arm
- Wait for their mouth to be open while the teat touches their lips
- Insert the teat fully, and then tip some milk into it by tilting the bottle
- Let the baby pull against the teat when sucking
- Watch their breathing while they suck and swallow
- If gulping remove the teat to let them catch their breath
- Gulping means their mouth is full of milk; and the teat is too fast. It's not a sign of hunger
- Watch the baby's face for signs of tension. These signs can be very subtle - frown and wide-eyes
- Let the baby look at the mother's face and listen to her talk
- Avoid overfeeding by taking several breaks to burp, talk, and walk
- If the baby stops feeding before expected, they may need to burp, before they can go on feeding
- In general a feed should take 20-40 minutes
- Don't force more formula when the baby has stopped sucking
- Never prop the baby with a bottle of liquid as choking may occur
- Do not put the baby to bed with a bottle as this may cause tooth decay
- Feeding while lying flat can lead to middle ear infections

How to burp

Sit the baby up straight with their head back a little.

Their back should be supported with one hand and chest and jaw with the other. In this position the baby's face can be seen and the signals they send.

How much does the baby need?

Babies have different appetites.

The tin of formula will have general guidelines, for the baby's age and weight.

The baby's signals should also be a guide.

Most formula fed newborns take 6-8 feeds over 24 hours.

It is important not to over feed the baby.

Table 1 Formula Fed Baby's Requirements First Week

| age of baby | premature infants (2.5kgs or 36 wks) | term (37 to 42 wks) | variance large for dates small for dates diabetic mothers |
|-------------|---|------------------------|--|
| 1 DAY | 60 mls/kg/day | 60 mls/kg/day | 75 –90 mls/kg/day |
| 2 DAYS | 75 mls/kg/day | 75 mls/kg/day | 120 mls/kg/day |
| 3 DAYS | 90 mls/kg/day | 90 mls/kg/day | 150 mls/kg/day |
| 4 DAYS | 120 mls/kg/day | 120 mls/kg/day | 180 mls/kg/day |
| 5 DAYS | 150 mls/kg/day | 150 mls/kg/day | 180 mls/kg/day |
| 6 DAYS | | 180 mls/kg/day | |
| 10 DAYS | 180 mls/kg/day | | |

Fluid requirements should be calculated using the birth weight until this is regained, and then use the present weight. Hence, each time the baby is weighed fluid requirements should be calculated.

Formula to calculate an individual feed:

$$\frac{\text{WEIGHT X MLS/KGS/DAY}}{\text{NUMBER OF FEEDS PER DAY}}$$

Appropriate weight gain

If a baby is content and settled for a couple of hours after a feed, gains around 25 grams/day, and has 6-8 wet nappies every day with clear urine, and a regular soft stool pattern they are gaining enough weight.

Developmental needs

The baby's first relationship with the mother is the most important in their life. If formula feeding, the mother needs to remain the main caregiver, and be available to respond quickly to the baby.

The baby needs to gaze at mother's face and eyes when feeding, and learn to make social responses. Changing the baby's position from left to right sides at different feed times helps his coordination.

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Support group for bottle feeding

Contact the local well child provider.

A Summary of Risk Management when Formula Feeding

| | |
|---|--|
| Contamination | Careful hand washing Careful sterilization and storage Glass bottles are safer than plastic – BPA plastic are recommended Mix infant formula with cooled boiled water |
| Spoiling | Use mixed formula within 2 hours Discard leftovers, clean and re-sterilise equipment |
| Scalding | Careful handling of hot water Cool bottle in jug of cool water after mixing Always test temperature (drops on forearm) Do not heat in microwave |
| Overfeeding | Mix amount suited to age and weight Appropriate drip flow of teat 1/sec Watch the baby's face and signals Offer short breaks during feeding time Create other activities Monitor the baby's growth rate |
| Choking | Remove teat from mouth if gulping Use slower teat Do not leave the baby propped with bottle |
| Dehydration, Constipation, or Fail to thrive | Accurate measurements of water and formula Add water first to bottle then formula Check with health provider regularly |

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9. Care of breasts / skin to skin contact / rooming in

Inform the woman regarding the suppression of lactation and the management of full or uncomfortable breasts.

Lactation if not stimulated will naturally disappear. Breasts may become very full if weaning is abrupt. It is better for comfort and health to wean slowly, that is offer an occasional breastfeed, or express occasionally until comfortable. There may be some release of milk in a warm shower. Cool packs are soothing

Skin to skin contact (STSC)

In Women's Health it is encouraged with all babies, regardless of how they will be fed, to have a minimum of 60 minutes STSC immediately after birth.

Mothers should be shown how to do STSC safely protecting the baby's airway. This practice should be continued on the postnatal ward.

Rooming in

The baby is always safest in the same room as the mother, and will be calmer when responded to quickly. Babies need to be held, and do not understand routines, cots or separations.

In Women's Health all babies are to stay with the mother day and night. In exceptional circumstances, if the baby is removed, staff must complete the rooming in chart and document reason for separation. Clinical records should reflect this also.

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10. Associated ADHB documents

[Infant Feeding - Breastfeeding](#)

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11. Other documents

- International Code of Marketing Breast Milk Substitutes (WHO 1981)
http://www.who.int/nutrition/publications/code_english.pdf
- Implementing and Monitoring the International Code of Marketing of Breast Milk substitutes in New Zealand: The Code in New Zealand (MOH 2007)
<http://www.moh.govt.nz/moh.nsf/indexmh/international-code-of-marketing-breast-milk-substitutes-in-nz-aug07>
- Inquiry into Action of Sector Agencies in Relation to Contamination of Infant Formula with Enterobacter Sakazakii (MOH March 2005) www.moh.govt.nz
- Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2) A Background Paper (MOH 2008)
<http://www.moh.govt.nz/moh.nsf/indexmh/0-2-food-and-nutrition-guidelines-may2008>
- Media Release: Enterobacter Sakazakii Meningitis to become a Notifiable Disease (MOH 5 April 2005)
<http://www.moh.govt.nz/moh.nsf/indexmh/communicablediseases-esakazakii>
- Baby Friendly Documents for Aotearoa New Zealand, New Zealand Breastfeeding Authority, 2008
<http://www.babyfriendly.org.nz/resources/pdf/NZBA15%20-%20R2%20-%20BFHI%20Action%20Plann.pdf>
- COMAG Agencies Ltd Letter dated 26 May 2009 regarding hospital supplied bottles
- Information about bottle feeding your baby – information for parents

Ministry of Health pamphlets

- Feeding your Baby Infant Formula (MOH) 1306 2008
<http://www.healthed.govt.nz/resources/feedingyourbabyinfantformula.aspx>
- Eating for Healthy Babies and Toddlers / Te Kai Totika mo te Hunga Kohungahunga (MOH) 2008
<http://www.healthed.govt.nz/resources/eatingforhealthybabiesandtoddlerst.aspx>

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12. Corrections and amendments

The next scheduled review of this document is as per the Document Classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or email the [Clinical Policy Advisor](#) without delay.