

Artificial Feeding Policy for the Non Breastfeeding Mother and Infant

Document Type	Policy
Function	Clinical Practice, Patient Care
Directorate(s)	Women's Health
Department(s) affected	Maternity
Applicable for which patients, clients or residents?	All maternity women
Staff affected	All clinicians in Maternity, Women's Health, including private LMC's and Access Holders
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1. Purpose of the Policy

The purpose of this policy is to ensure that the health benefits of breastfeeding and health risks of artificial feeding are discussed with all women and their whānau/families to enable the making of informed decisions.

It has been designed to create an environment where women and whānau/families who have chosen artificial feeding are respected, given timely accurate information and are supported to select, prepare, feed and store artificial baby milk safely and skilfully.

This policy must be read in conjunction with the NZ Ministry of Health (MH) resource “[Feeding Your Baby Infant Formula](#)” which will be given to non-breastfeeding mothers in Auckland DHB maternity facilities and the Neonatal Unit (NICU)

2. Scope

This policy, and its appendix, applies to all Auckland DHB staff, including contractors, visiting health professionals and students working in any Auckland DHB facility.

Auckland DHB expects all employed staff and/or those who hold a current Access Agreement to support the facility in maintaining Baby Friendly Hospital Initiative (BFHI) status.

3. Principles

The World Health Organisation (WHO) recommended that infants are exclusively breastfed for six months with timely introduction of adequate safe and properly fed complementary foods while continuing to breastfeed for up to two years or beyond.

Breastfeeding is species specific. It enhances bonding and supports optimum health for both the woman and infant, both in the long and short term.

The risks of not breastfeeding are;

- For infants:
 - Associated with an increased incidence of infectious morbidity, including otitis media, gastroenteritis, and pneumonia
 - Elevated risk of childhood obesity, type 1 and type 2 diabetes, leukaemia, and sudden unexpected death in infancy (SUDI).
- Among premature infants:
 - Associated with an increased risk of necrotizing enterocolitis (NEC).
- For women:
 - Increased incidence of premenopausal breast cancer and ovarian cancer
 - Retained gestational weight gain
 - Increased risk of type 2 diabetes, and the metabolic syndrome.

All women and whānau/families have the right to receive clear and impartial information to enable them to make fully informed decisions and choices as to how they feed and care for their infants.

To ensure that the importance of breastfeeding and the health implications of artificial feeding are discussed with all women and their whānau/families as appropriate to enable the making of informed decisions about infant feeding.

The timely provision of clear and impartial information to all women regarding infant feeding is essential. All staff have the responsibility to support women and their whānau/families, regardless of the decision made.

NWH staff will not discriminate against any woman or her whānau/family in their chosen method of infant feeding and fully assist her when she has made that informed choice.

Auckland DHB facilities will protect, support and promote breastfeeding through the WHO/UNICEF 'Ten Steps to Successful Breastfeeding' and the WHO CODE of Marketing of Breastmilk Substitutes (and relevant, subsequent World Health Assembly resolutions), implemented as the Baby Friendly Hospital Initiative (BFHI).

Auckland DHB acknowledges the Treaty of Waitangi as the founding document of New Zealand and recognises and respects the principles of protection, participation and partnership of the Treaty to improve the health inequities and outcomes for Māori.

4. In support of this policy

- a) In order to avoid conflicting advice it is mandatory that all those involved with the care of pregnant and non-breastfeeding women/caregivers, adhere to this policy. Any deviation from the policy must be justified, evidence-based and recorded in the woman and/or infant's clinical record.
- b) If concerns arise about the infants feeding or health, it is the individual staff members' responsibility to consult with the appropriate senior health professionals and document this in the infant's clinical notes.
- c) Compliance with this policy and the WHO CODE will be audited in the maternity facility and neonatal unit on an annual basis.

5. Policy

- This policy will be routinely communicated to all Auckland DHB staff who regularly have contact with pregnant and postnatal women.
- All NWH Health staff will be educated in the skills necessary to implement this policy and to meet the requirements of BFHI accreditation. Education will include the following topics, in conjunction on MoH resource 'Feeding Your Baby Infant Formula':
 - Orientation to the Artificial Feeding Policy for the non-breastfeeding women and infant, and their role in its implementation
 - Implications of formula feeding

- How to provide support for non-breastfeeding women
- Safe preparation, handing and feeding of infant formula
- Cleaning and care of infant formula feeding equipment
- Importance of immediate and unhurried skin to skin contact after birth
- Rooming in 24 hours a day, regardless of feeding method
- Parenting and Well Child services available following discharge
- All pregnant women who receive antenatal care from Auckland DHB will be informed of:
 - The implications associated with artificial feeding
 - The importance of skin to skin contact
 - The importance of rooming in 24 hours a day
 - Responsive (cue based/infant led) feeding with guidelines for appropriate intake
 - Safe and unsafe sleep practices
 - Parenting and Well Child services
 - Women who have medical indications for which breastfeeding is not recommended, will receive one on one support and counselling on suitable infant feeding options for their clinical situation.
- Pregnant women and their whānau/family who are contemplating artificial feeding will have their feeding choice discussed with them individually in the antenatal period, and be provided with WHO CODE compliant information on the implications associated with artificial feeding in order that they are able to make an informed choice. This will be documented in the woman's clinical record.
- All women birthing in Auckland DHB maternity facilities will be encouraged to hold their infant in skin to skin contact, unless contraindicated, immediately following birth for at least one hour, undisturbed and in an unhurried environment, regardless of their chosen feeding method.
- All non breastfeeding women or caregivers will be taught how to recognise feeding cues that the infant is ready for its first feed, and have help and guidance from the facility midwife or nurse. LMCs and Auckland DHB health professionals will practice rooming in; mothers and infants will remain together 24 hours a day, except in cases of clinical indication or fully informed parental choice, which must be documented in the woman's and/or infant's clinical record.
- Women and caregivers who have chosen to artificially feed are encouraged, where possible, to bring infant formula and feeding equipment in with them when admitted to the birthing suite.
- A specific infant formula brand should not be recommended. However, if a woman, caregiver or whānau/family asks what formula was used while in hospital they should be given the brand details.
- MoH recommend a dairy based (i.e. cow's milk) powdered infant formula. Non-dairy based formula should only be fed to infants if it is recommended by a paediatrician and/or paediatric dietician.
- LMC's or Auckland DHB health professionals will advise non breastfeeding women and caregivers to choose cow milk based, whey based, newborn infant formula for their infant, rather than goat, ewe or soy based.

- Non breastfeeding women who have chosen to artificially feed and have a whānau/family member, either a sibling or parent, with a history of allergic disease are to be referred to the [Specialised Formula Flowchart](#) and receive one on one counselling and support.

Auckland DHB Health professionals and LMC responsibilities

- Women, caregivers and their whānau/family who have chosen to artificially feed or are using infant formula are taught individually how to prepare infant formula accurately and hygienically according to manufacturer's instructions and are given the MoH pamphlet 'Feeding your baby Infant Formula' and are supported until they are confident.
- All non breastfeeding women and caregivers will receive written information on where to seek assistance or how to contact local parenting support groups and Well Child providers prior to discharge from the facility.

Ready to feed infant formula (RTF)

NWH provides RTF infant formula when providing formula for infants to minimise the risk of infection, particularly premature (< 37 weeks), low birth weight (2500) and sick infants admitted to the maternity facility or neonatal unit who are artificially feeding.

Instructions for use RTF

- Store at room temperature, secured out of sight of the public eye
- Check expiry date before use
- Check cap button before use. Do not use if the button can be depressed
- Shake well before use
- Opened bottles are stored in a refrigerator at below 4°C for no longer than 24 hours with the date and time of opening written on the cap.

How much does the baby need?

- Formula tins will have general guidelines for the infant's age and weight
- Most formula fed infants take 6 - 8 feeds over 24 hours
- Pace bottle feeding in response to the infant's cues
- Infant's output is monitored.

Appropriate guideline for intake

Age of infant	Premature infants (< 2.5kgs or < 36 wks.)	Term well infants (37 to 42 wks.)
1 day	60 mL/kg/day	25 mL/kg/day
2 days	75 mL/kg/day	40 mL/kg/day
3 days	90 mL/kg/day	60 mL/kg/day
4 days	120 mL/kg/day	75 mL/kg/day
5 & 6 days	150 mL/kg/day	90 mL/kg/day
7 days +	180 mL/kg/day	105 mL/kg/day

Infant feed requirements should be calculated using the birth weight until this is regained, and then use the present weight. Hence, each time the infant is weighed, fluid requirements should be calculated. Average weight gain of 25 - 35 grams per day is expected

Formula to calculate an individual feed:

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

WHO CODE compliance

Compliance with the CODE of marketing of breastmilk substitutes and relevant, subsequent World Health Assembly resolutions are mandatory.

Auckland DHB staff will not accept free gifts, non-scientific literature materials or equipment, money or support for in-service education or events from manufacturers or distributors of breastmilk substitutes, bottles, teats or pacifiers.

No employees of manufacturers or distributors of infant formula bottles teats or dummies are permitted to have direct or indirect contact with pregnant or postnatal women in Auckland DHB facilities.

Employees of manufacturers or distributors of infant formula will only meet with the relevant nutrition staff who will in turn inform the maternity managers, neonatologists and lactation consultants as required about changes to infant feeding products.

Auckland DHB has a *Product, Equipment, Consumables - Selection & Problem Management* policy (see [associated Auckland DHB documents](#)). This covers procurement and visiting representatives.

No advertising or promotion of infant formula, feeding bottles, teats or dummies are permissible in any part of Auckland DHB facilities. The display of logos of manufacturers and marketers of these products on such items as USB, lanyards, posters, calendars, pens and stationery is also prohibited.

Infant formula, fortifier, other breastmilk substitutes, bottles, teats and dummies will not be stored in areas that are accessible or visible to pregnant or postnatal women and visitors.

Pregnant and postnatal women, caregivers and their whānau/families will not be given samples of products.

No group instruction on the preparation of infant formula will be given to pregnant or postnatal women, caregivers or their whānau/families.

Auckland DHB does not accept free infant formula or purchase at less than wholesale cost and adheres to a brand rotation period of 12 months.

No literature provided by manufacturers and marketers of infant formula is permitted for distribution to women, caregivers or their families/whānau. However, services may have accurate scientific literature for their own education. Any educational material, including electronic information for distribution to women, caregivers or their whānau/families must reflect BFHI policies.

6. Associated Auckland DHB documents

- [Breastfeeding Policy](#)
- [Guidelines for the Management of Hypoglycaemia](#)
- [Infant - Late Preterm Care on the Postnatal Ward \(Transitional Care\)](#)
- [Newborn Care in PACU](#)
- [Newborn Services Clinical Guidelines - Bottle Feeding](#)
- [Product, Equipment, Consumables - Selection & Problem Management](#)
- [Sleep - Safe Sleeping for Infants](#)
- [Sleep - Safe Sleep Policy - Northern Region](#)

7. Supporting evidence

- Baby Friendly Documents for Aotearoa New Zealand. Retrieved from, <https://www.babyfriendly.org.nz/>
- Himelright, I. (2002). Enterobacter sakazakii infections associated with the use of powdered infant formula-Tennessee, 2001. *J. Am. Med. Assoc.*, 287, 2204-2205.
- Kellymom. Parenting Breastfeeding. *Paced Bottle Feeding Hand-out*. Retrieved from, <https://kellymom.com/>
- Ministry of Health (MoH). (2007). [Implementing and Monitoring the International Code of Marketing of Breast Milk substitutes in New Zealand: The Code in New Zealand](#).
- Ministry of Health (MoH). (2012). [Food and Nutrition Guidelines for Healthy Infants and Toddlers \(Aged 0-2\): A Background Paper](#).
- Stuebe, A. (2009). The risks of not breastfeeding for mothers and infants. *Reviews in obstetrics and gynecology*, 2(4), 222-231.
- UNICEF. (1991). [Ten Steps to Successful Breastfeeding](#) (the interpretation of Step Four was clarified by WHO/UNICEF in the BFHI Revised, Updated and Expanded for Integrated Care documents Jan. 2006 and adopted by New Zealand.
- World Health Organisation (WHO). (1981). [International Code of Marketing Breast Milk Substitutes](#).

Ministry of Health pamphlets

- Ministry of Health (MoH). (2017). *Feeding your baby infant formula: How to prepare infant formula safely - HE1306 2013*. Retrieved from, <https://www.healthed.govt.nz/resource/feeding-your-baby-infant-formula>
- Ministry of Health (MoH). (2013). *Eating for Healthy Babies and Toddlers/Ngā kai tōtika mō te hunga kōhungahunga*. Retrieved from, <https://www.healthed.govt.nz/resource/eating-healthy-babies-and-toddlersng%C4%81-kai-t%C5%8Dtika-m%C5%8D-te-hunga-k%C5%8Dhungahunga>

Clinical Forms

- [CR5636: Rooming In Record](#)

8. Disclaimer

No policy can cover all the variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB policy to adapt it for safe use within their own institution, recognise the need for specialist help and call for it immediately when an individual patient falls outside of the boundaries of this policy.

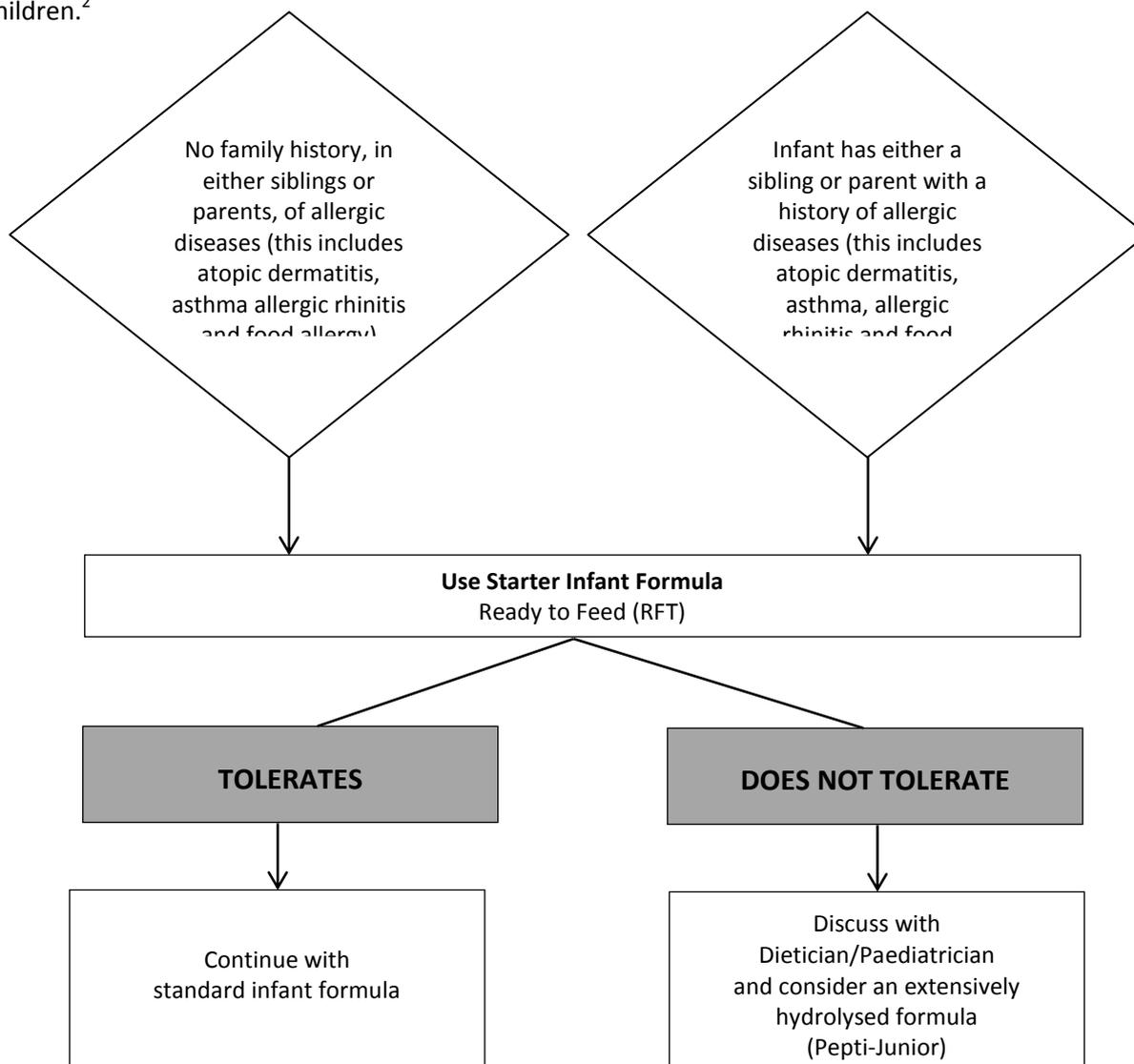
9. Corrections and amendments

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.

10. Appendix: Specialised formula flowchart

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

Based on a recently published review of studies¹, there is no consistent convincing evidence to support a protective role for partially hydrolysed formulas (usually labelled ‘HA’ or Hypoallergenic) or extensively hydrolysed formulas for the **prevention** of eczema, food allergy, asthma or allergic rhinitis in infants or children.²



- *On discharge, infants who require an ongoing subsidised supply of an extensively hydrolysed formula will need to have a Special Authority for Special Foods benefit number and prescription for the product. This will be organised by a paediatrician or paediatric dietitian after having met specific criteria.*

1. Boyle, R. J., Ierodiakonou, D., Khan, T., Chivinge, J., Robinson, Z., Geoghegan, N., *et al.* (2016). Hydrolysed formula and risk of allergic or autoimmune disease: systematic review and meta-analysis. *bmj*, 352(i974), i974.

2. Australasian Society of Clinical Immunology and Allergy. (2016). *ASCIA guidelines - infant feeding and allergy prevention*. Retrieved from, <https://www.allergy.org.au/patients/allergy-prevention/ascia-guidelines-for-infant-feeding-and-allergy-prevention>

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

This policy and any associated procedures or guidelines will be reviewed three yearly. Compliance with the policy will be monitored on an annual basis by self-appraisal.