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Artificial Feeding Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Principles

The Hutt Valley District Health Board believes that breastfeeding is the healthiest way for a woman to feed her baby. All mothers have the right to make a fully informed choice as to how they feed and care for their babies.

The timely provision of clear and impartial information to all mothers regarding baby feeding is essential.

Once they have ensured that the family/whanau has received accurate information, staff have the responsibility to support mothers and families regardless of the decision made. This policy is designed to ensure good professional practice, not to dictate the choice of mothers.

This service works within the Principles of the Treaty of Waitangi (partnership, participation and protection) to improve outcomes for Maori and non-Maori in our community.

Definition

Partial Feeding: Feeding a combination of breast milk and breast milk substitutes.

Formula Feeding: Feeding only a breast milk substitute to baby.

Objectives

- To ensure that the health benefits of breastfeeding and the health risks of formula feeding are discussed with all women and their families/whanau (as appropriate), to enable the making of informed decisions about how they will feed their babies.
- To create an environment where families/whanau who have chosen formula feeding for their babies, are respected and given timely, adequate information and support, to select, prepare, feed and store formula milk safely.
- To enable all health care providers, who have contact with families/whanau who have chosen formula feeding, to provide full and competent support through specialised education and training in current formula feeding management.
- To promote collaboration and cooperation with other health care providers, hospitals/maternity facilities and community groups in the delivery of a seamless service to enhance infant feeding outcomes.

Upholding the WHO Code

Code of Practice for HVDHB Women and Children's Service based on The International Code of Marketing of Breast milk Substitutes and subsequent, relevant, World Health Assembly [WHA] resolutions:

- HVDHB Women and Children's service does not advertise or promote products (identified in the scope of The Code) to the general public. The service achieves this by:
 - Not providing formula samples to mothers, pregnant women or their families;
 - The non-acceptance of free or subsidised samples;
 - The non-acceptance of free gifts, materials or money from infant formula companies;
 - Not using formula samples, for any other use except for professional evaluation or research;
 - The non-promotion of formula products by employees of the health service;
 - Not displaying words or picture, which idealizes the use of products; this includes pictures of infants on the labels of products.
- The Supply and Transport Team Leader is responsible for all contact made by visiting formula company representatives.
- HVDHB Women and Children's service prohibits marketing personnel from making direct contact with pregnant women, mothers and their families.
- HVDHB Women and Children's service provides formula feeding education to pregnant women and non-breastfeeding women on an individual basis.
- Education materials given out by HVDHB Women and Children's service to pregnant women and mothers, including labels explain the:
 - Benefits and superiority of breastfeeding;
 - Social and financial implications of the use of infant formula; and
 - Health risks of unnecessary or improper use of formula.
- Education materials used by HVDHB Women and Children's service:
 - Contain only scientific and factual information; and are not presented in a way that implies that bottle-feeding is equivalent or superior to breastfeeding.
- Infant formula purchases are:
 - Purchased at **no less** than 80% of the full retail price;
 - Purchased in accordance with the Artificial Feeding Policy;
 - Alternated;
 - Stored out of sight; and identifying brand cover
- No advertising of groups that are in violation of the WHO Code for the marketing of breast milk substitutes
- No advertising of follow-on formula, feeding bottles, teats, or dummies.
- No formula samples are provided to mothers, pregnant women or their families.
- No formula samples other than those to be used for professional evaluation or research are given to health workers.
- No free gifts, materials or money from infant formula companies are to be accepted by the health workers or the facility.
- No literature provided by manufacturers and marketers of infant formula is permitted for distribution to families/whanau but services may have accurate scientific literature for their own education.

- No display of logos of the manufacturers of the above products on stationary, public handouts, calendars etc
- Gift bags given out by Women and Children's Service are free of promotional material and products, which contravenes the requirements or the spirit of The Code.
- Women and Children's Service ensures that any material provided to mothers under our care does not interfere with the successful initiation and establishment of breastfeeding, for example, feeding bottles, teats, pacifiers and infant formula.
- The Women and Children's Service do not allow visiting formula company representative's contact with pregnant women, mothers and their families.
- The Supply and Transport Team Leader is responsible for all contact made by visiting formula company representatives.
- Tins of formula will be kept out of public view; brands will be rotated and will not be processed for less than 80% of wholesale cost.
- Formula is decanted into plain bottles for use. Empty ready to feed formula bottles are placed in a bucket out of sight.
- Parents who have made a fully informed choice to formula feed their babies should individually be shown how to prepare formula correctly in the postnatal period.
- No group instruction on preparation of formula feeds will be given.

Communicating the formula feeding policy

- This policy will be communicated to all staff during their orientation to the unit.
- Wherever DHB health services are provided in the community, this policy will be made available.
- The Hutt DHB will collaborate with other health care providers and community based family support programmes to ensure consistent information and support with regard to infant nutrition.

Education and training of healthcare providers

- All professional, clerical and ancillary staff who has contact with pregnant women and mothers will receive education and training in formula feeding management at a level appropriate to their role. New staff will receive training within six months of starting their position.
- This indicates;
 - The risks of formula feeding
 - How to provide support for non-breastfeeding mothers
 - The safe preparation, handling and feeding of formula
 - The care of formula feeding equipment
 - The importance of skin-to-skin contact and rooming-in 24 hours a day, irrespective of method of feeding
 - Parenting and well child services available following discharge
- All materials and teaching will reflect the WHO / UNICEF Baby Friendly best practice standards.
- All pregnant women under the HVDHB primary or secondary care will be informed about the importance of :
 - The risks associated with feeding a baby a breast milk substitute, including social and financial considerations
 - The importance of skin-to-skin contact
 - The importance of rooming-in 24 hours a day

- Cue-based feeding including safe sleeping practice
- Parenting and well child services

Informing Pregnant Women of the risks and management of formula feeding

Every effort will be made to ensure that all pregnant women are aware of the risks of formula feeding and the benefits of breastfeeding.

Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding. From studies in preterm and term infants, the following outcomes have been documented.

- **Infectious Diseases**

Research in developed and developing countries of the world provides strong evidence that feeding infant formula increases the incidence and/or severity of a wide range of infectious diseases including bacterial meningitis, bacteremia, diarrhoea, respiratory tract infection, necrotizing enter colitis, otitis media, urinary tract infection, and late-onset sepsis in preterm infants. In addition, post neonatal infant mortality rates in the United States are increased by 21% in formula fed infants.

- **Other Health Outcomes**

Some studies suggest increased rates of sudden infant death syndrome in the first year of life and elevation in incidence of insulin-dependent (type 1) and non-insulin-dependent (type 2) diabetes mellitus, lymphoma, leukemia, and Hodgkin disease, overweight and obesity, hypercholesterolemia, and asthma in older children and adults who were formula fed, compared with individuals who were breastfed.

- **Neurodevelopment**

Formula feeding has been associated with slightly reduced performance on tests of cognitive development.

- **Maternal Health Benefits**

When a mother chooses not to breastfeed she may have an increase in postpartum bleeding and slower uterine involution attributable to decreased concentrations of oxytocin, increased menstrual blood loss and decreased child spacing attributable to lactation amenorrhea, later return to pre-pregnancy weight, increased risk of breast cancer, increased risk of ovarian cancer, and possibly increased risk of hip fractures and osteoporosis in the postmenopausal period.

Line decisions made to formula feed prior to birth

- Responsibility with LMC to discuss with mother the range of formula available.
- Education about preparatory/sterilisation/safety/
- →If decision made postnatally, then joint responsibility of core + LMC together
- This service will respect the family/whanau decision to use formula feeding.
- LMC midwives will advise families so that they can choose appropriate formula for their baby i.e. Newborn formula.
- LMC and/or other providers will ensure that mothers under their care who have selected formula feeding are able to prepare the milk feeds accurately and hygienically.
- LMC's and/or other providers will ensure that mothers, who are going to use formula feeding, are able to position the baby and feeding utensil appropriately, assess for adequate hydration and assess tolerance for the selected artificial baby milk.

- Progress will be assessed at each contact with the mother to enable early identification of potential concerns with infant feeding.

Postnatal care of those who choose to artificially feed

- Every mother who is planning on giving their child formula even if just partially feeding needs to be given a copy of the Ministry of Health's leaflet *Feeding your Baby Infant Formula*. A copy of this leaflet is located in the formula tab of the Breastfeeding Information drawer in the postnatal unit and in the storage room files in SCBU.
- Align demonstration of preparation of infant formula with the MOH leaflet. There is a tin of expired formula that can be used to show the method of preparation in the milk room. If you have questions about how to properly prepare infant formula please contact the Midwives/Nurses for a demonstration
- Skin-to-skin contact, applies to all mothers and babies
- Rooming-in, applies to all mothers and their babies
- Information on the care of full and uncomfortable breasts should be available and discussed with women who are not breastfeeding:
 - Cold cabbage compresses placed in bra until they go soft and warm then replacing with further cabbage.
 - Gentle expression if pain is intense.
 - The use of anti-inflammatory medicines
 - Comfortable supportive bra.
- All teaching of the preparation and feeding of formula should be provided on an individual basis only for those mothers who need it or wish it
- This service will teach mothers cue based feeding for formula feed babies that mimic the physiological stable patterns of breastfeeding the best way to determine when to feed a baby is to observe for feeding cues. Long before a baby begins to cry for food it will have given many cues that it was ready to feed. These include:
 - Opening his mouth
 - Sticking out his tongue
 - Chewing on his hand
 - Making a pecking like motion with his head if on someone's chest
 - Trying to bounce down to the breast
 - Attempting to suckle on what ever he can find
- The service will provide all mothers with information on how to access parenting support.

Compliance with the policy will be monitored on an annual basis by the Lactation Consultant and reported to BFHI.

Associated documents

Hospital clinical breastfeeding policy (2011)

www.huttvalleydhb.org.nz/maternitypolicy/breastfeeding09

Feeding your baby infant formula (Ministry of Health)

This policy has been adapted from New Zealand Breastfeeding Authority's BFCI Artificial Feeding policy.

References

Breast feeding and the Use of Human Milk. *PEDIATRICS* Vol. 115 No. 2 February 2005, pp. 496-506 (doi:10.1542/peds.2004-2491)

<http://www.aap.org/healthtopics/breastfeeding.cfm>

WHO. 1991. *International Code of Marketing of Breastmilk substitutes*. Geneva: World Health Organization

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

Appendix 1

Formula Consent Form (MATF053) is available and to be given to women choosing to supplement baby's feeding with formula.



HUTTmaternity
Hutt Valley Maternity Care



Formula Consent Form (MATF053)

Informed consent when considering supplementing baby's feeding with formula

The World Health Organisation (WHO) recommends exclusive breastfeeding for at least 6 months. At Hutt Valley DHB our aim is to give all mothers and babies the best start possible with breastfeeding.

What to expect:

A normal breastfeeding behavior for a newborn baby is to have a good first feed then they may sleep for up to six hours.

Colostrum is the first milk. It has all the right nutrients and immune factors for your baby. It lines the stomach and intestines to protect the baby from harmful bacteria and allergens. Colostrum initially may be small in volume, less than a teaspoon per feed but the amount will continue to increase until your milk comes in about day 3-4.

On the second and third night, breastfed babies are more wakeful and want to feed almost constantly. They do not want to be away from their mothers. It can be tiring but it is **normal newborn behavior**.

This is often a time when mothers feel their babies need extra milk. Continuing to breastfeed stimulates your milk to come in more quickly. During this time catching up on sleep during the day can be helpful and requesting breastfeeding support from staff members is encouraged.

We are obliged to make sure you are aware of the risks of using formula when establishing breastfeeding.

Giving supplementary feeds of formula may have the following effect. It may:

- Interfere with the protective effects of breast milk on the baby's gut
- Reduce your milk supply from lack of stimulation

There are a few medical indications where babies require extra fluid (either EBM or formula):

- E.g. premature and small for gestational age babies
- Clinically dehydrated
- Baby's blood sugar levels are low
- The mother has a serious illness
- The mother is taking medications which are not recommended with breastfeeding.

Should any of these circumstances arise our staff would discuss with you the reasons and indicators for supplemental feeding. We would also encourage expressing milk in preference to using formula and would attempt this first.

CONSENT FOR FORMULA

I have read and discussed with staff and acknowledge the formula risk information.

CAREGIVER:

DATE:

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