



Methods of Supplementation

GENERAL GUIDELINES

Supplement with expressed colostrum or breast milk first, before using artificial milk.

Supplement volume should be consistent with gastric capacity:
2-10 mL per feed first 24 hours
5-15 mL per feed 24-48 hours
15-30-mL per feed 48-72 hours
30-60 mL per feed 72-96 hours

SYRINGE FEEDING

Using a 1 ml syringe is an efficient way to collect and deliver small amounts of colostrum/breast milk. A larger syringe (10-12 mL) may be used for larger amounts.

1. Collect colostrum/breast milk with a medicine cup, spoon or pump kit bottle. Draw colostrum/breast milk into syringe from collecting device. A comfortable volume for a newborn to swallow is about 0.5 mL at a time.
2. Hold the infant on the lap facing the person providing the supplement or in cradle hold.
3. Place the first drop of the supplement just inside the infant's lips.
4. Once the infant extends the tongue in response to the supplement, offer 2-3 drops approximately 0.1 - 0.2 mL at a time.
5. Allow the newborn to swallow between drops of supplement.



FEEDING TUBE AND SYRINGE

This method works well when the infant is able to latch onto the breast and needs supplement until the milk comes in.

1. Use a 5 French feeding tube attached to a 10-12 mL oral syringe with supplement.
2. Place feeding tube at on the breast. Extend the tip of the tube $\frac{1}{4}$ inch past the tip of the nipple when the infant is latching on. The tip can also be inserted into the corner of the infant's mouth once the infant has latched onto the breast.
3. Hold the tube between index finger and thumb; insert the tube approximately one inch into the infant's mouth so the liquid does not leak out.
4. The infant will pull the supplement from the syringe with each suck if the tube is positioned correctly and the infant is able to suck normally.
5. Slow gentle pressure can be applied to the plunger if the newborn is unable to extract the supplement from the syringe.



FINGER FEEDING

This method can be used when the mother is unavailable, or infant is unable to latch.

1. Perform hand hygiene. Use soap and water (do not use hand sanitizer).
2. Draw up supplement into a 10-12 mL syringe; connect a 5 French tube and prime tubing.
3. Put on gloves.

NOTE: If the parent is doing the finger feeding, verify clean nails. Instruct parent to wash hands/nails and use the largest finger baby will tolerate.

4. Place the feeding tube either along the side or the pad of the finger. The end of the feeding tube should meet the end of the finger. Tape to secure.
5. Use the fingertip to elicit a rooting reflex and insert finger and tube when infant opens their mouth. The finger should be positioned with the pad side on the infant's hard palate. If positioned correctly, milk should be drawn out of the syringe with each suck.
6. If the infant is not pulling milk from the syringe, apply slow gentle pressure to the plunger.



SPOON FEEDING

This method works best for collecting and feeding colostrum or small volumes of breast milk.

1. Instruct mother on manual expression of colostrum/breast milk to infant feeding spoon.
2. Place spoon to infant's lips and allow infant to suck or lap milk from spoon.



DOCUMENTATION

Document the following:

- Need or reason for supplementation
- Date and time of feeding
- Method of feeding
- Quantity (milliliters or drops)
- Tolerance of feeding by infant
- Education to parents

Reference

ABM Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, revised 2009.

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