Breastfeeding Supplementation

Helping Families Make an Informed Feeding Decision

Exclusive breastfeeding is recommended for the first six months, with continued breastfeeding alongside complementary foods to two years and beyond.

When supplementation is needed, breastfeeding and milk production should be protected and supported whenever possible.

When Might Supplementation Be Medically Indicated?

Supplementation may be medically indicated when an infant is not receiving enough milk, has certain medical conditions, or when a parent is temporarily or permanently unable to breastfeed or provide sufficient milk.

Any supplementation decision should be based on an individualized assessment by a qualified healthcare provider.

Infant-Related Medical Indications

Human milk is the best feeding option. Supplementation may be needed in the following situations:

- **Significant dehydration** or other signs of inadequate **milk intake** (elevated sodium, poor feeding, lethargy, poor skin turgor)
- **Excessive weight loss** (more than 8–10% from birth), **poor weight gain, or growth concerns**
- **Laboratory-documented hypoglycemia** that does not respond to breastfeeding and human milk
- **Delayed bowel movements** with meconium stools still present by day 5
- **Persistent jaundice** related to inadequate intake (ongoing weight loss, limited stools, uric acid crystals)
- **Certain medical conditions** requiring specialized feeding (e.g., galactosemia, maple syrup urine disease, phenylketonuria, or other metabolic conditions)
- Infants born less than **32 weeks gestation** or weighing less than 1500 g, who may need additional nutrition for a limited period

Parent-Related Medical Indications

Parents should receive appropriate treatment and support. In some situations, temporary or permanent avoidance of breastfeeding may be necessary.

Conditions that may require temporary avoidance of breastfeeding

- Severe illness that prevents a parent from caring for their infant (e.g., sepsis)
- Untreated brucellosis
- Active varicella (chickenpox)
- Herpes simplex virus type 1 (lesions on the breast)
- Certain medications (e.g., cytotoxic chemotherapy, radioactive iodine-131, or other contraindicated medications)
- Other conditions as advised by a healthcare professional

Conditions that may require permanent avoidance of breastfeeding

- Human immunodeficiency virus (HIV)
- T-cell lymphotropic virus type 1 or 2 (HTLV-1/2)

Conditions when breastfeeding can usually continue, but supplementation may be needed

- Delayed onset of sufficient milk production (day 3–5 or later)
- Primary glandular insufficiency
- Breast surgery or breast pathology resulting in low milk production
- Serious illness or hospitalization
- Other individual circumstances assessed by a healthcare professional

Families may also choose to supplement for personal circumstances after receiving evidence-informed feeding information and support.

What Are the Supplementation Options?

1 Expressed Breast Milk

- ✓ Usually the first choice.
- ✓ Provides the parent's own milk.
- ✓ Maintains exposure to breast milk's protective components.
- ✓ Can be given in various ways based on clinical circumstances.

2 Pasteurized Donor Human Milk (PDHM)

- ✓ The preferred alternative when a parent's own milk is unavailable.
- ✓ Human milk from screened donors.
- ✓ Pasteurized and handled according to regulated safety standards.
- ✓ Often prioritized for premature or medically vulnerable infants.

3 Commercial Infant Formula

- ✓ May be needed when a parent's own milk and donor human milk are unavailable, contraindicated or insufficient to meet the infant's needs.
- ✓ Should be prepared and used according to healthcare guidance and manufacturer safety instructions.

Questions to Discuss with Your Healthcare Provider

- Why is supplementation being recommended?
- What option best meets my baby's needs right now?
- Is the need temporary or longer term?
- How can we continue to support breastfeeding?
- What follow-up support is available?

An Important Message

Supplementation is not a failure.
It may be needed for medical reasons or chosen because of a family's individual circumstances.

The goal is a well nourished baby, a healthy parent, and support that respects each family's informed feeding decisions.

Evidence-informed | Family-focused | Compassionate care

Created by Michelle LeDrew, RN, MN
www.MichelleLeDrew.ca