

# Oxfordshire Breastfeeding Support – Feeding plans for slow-growing breastfed babies aged 2 weeks to 6 months

## Information for parents

*Finding out that your baby is growing more slowly than expected can feel worrying and confusing. The information in this leaflet aims to guide you through the process. You are warmly welcome to visit OBS drop-in sessions as often as you like. Your midwife or health visitor, GP and other health professionals are also there to help. Please let someone know if you are feeling overwhelmed, low or unusually anxious. We have lots of experience of working with families in this situation and are here to support you through this time too.*

- All babies who start a feeding plan need to be seen by a doctor. Most slow-growing babies are healthy. In some cases, your GP will ask a paediatrician to rule out underlying health issues that can sometimes cause slow growth.
- The facilitator who gives you this handout will agree with you which feeding plan to start with. Every baby with a feeding plan should be seen by a health professional (midwife, health visitor or doctor) every 3 days and the plan adjusted if necessary until the baby is growing well.

<b>PLAN 1 - more milk at the breast</b> Baby seems well but (0-4 months old) is growing less than 20-30g per day on average, or (0-6 months) has crossed down over two or more complete centile spaces on the growth chart.	<b>PLAN 2 - expressed milk</b> • <b>plus continue with plan 1</b> Plan 1 has been tried and the baby is still growing slowly, and/ or there are signs that milk supply may be low.	<b>PLAN 3 – formula milk</b> • <b>plus continue with plans 1 &amp; 2</b> Baby needs extra milk immediately. Every baby on Plan 3 needs to be supervised by a feeding specialist.
<ol style="list-style-type: none"> <li>1. Consider risk factors for low milk supply.</li> <li>2. Make sure that your baby is well positioned and attached at the breast. This will include checking for any reason the baby might not be able to attach and feed well (e.g. tongue tie).</li> <li>3. Hold your baby skin to skin as much as possible.</li> <li>4. Offer the breast as soon as your baby shows any signs of interest in feeding, at least 8-12 times in 24 hours, waking baby if necessary.</li> <li>5. Use breast compressions to increase milk flow.</li> <li>6. Offer the next breast as soon as your baby comes off or stops actively feeding and switch between breasts until your baby is no longer actively feeding.</li> <li>7. Record the number of feeds and wet and dirty nappies.</li> <li>8. Have a health professional see your baby every 3 days.</li> </ol>	<ol style="list-style-type: none"> <li>1. Express milk as many times in 24 hours as you can. For maximum effect, aim for at least 8 times. This may mean limiting your baby's time at the breast for now, to give you enough time to express.</li> <li>2. Feed as much expressed milk as your baby will drink, by cup, finger feeding, lactation aid/supplementer or paced bottle-feeding.</li> <li>3. Aim to keep your baby's time at the breast happy and relaxed, and to finish feeds at the breast as often as you can.</li> <li>4. Consider using the medication domperidone, which may help increase your milk supply.</li> <li>5. Record how much milk you have expressed &amp; how much your baby has taken.</li> <li>6. Have a health professional see your baby every 3 days.</li> </ol>	<ol style="list-style-type: none"> <li>1. If there isn't enough expressed milk available, you may choose to use infant formula milk as well. Your feeding specialist will be able to give you evidence-based information and support you to make a decision.</li> <li>2. If you need to use formula milk, you can still breastfeed your baby. Breastfeeding is about much more than just milk.</li> <li>3. Your baby may only take small quantities of formula milk at first. Encourage your baby to take as much as they can, without force-feeding.</li> <li>4. Record how much expressed milk and formula milk your baby has taken.</li> <li>5. Have a health professional see your baby every 3 days. In addition, this plan needs to be monitored within a specialist service.</li> </ol>

## More information on how to use the feeding plans

### Contents

Risk factors for low milk supply .....	page 2
Effective attachment .....	page 2
Skin to skin .....	page 2
How often and when to feed .....	page 3
Breast compressions .....	page 3
Active feeding .....	page 3
Expressing your milk .....	page 3
Balancing breastfeeding and expressing .....	page 4
How to feed expressed milk to your baby .....	page 4
Keeping the breast happy for your baby .....	page 4
Domperidone .....	page 4
Formula milk .....	page 4
Protecting breastfeeding when using formula milk .....	page 5
How much formula milk to give your baby .....	page 5
Recording .....	page 5
Review .....	page 5
Double electric breast pumps .....	page 5
Private Facebook breastfeeding support group .....	page 5
Link to document online .....	page 5

### Risk factors for low milk supply

These can include:

- How feeding has gone so far. A slow start with breastfeeding is the most common reason for low milk supply.
- Your health, especially: previous breast surgery, assisted conception, retained placenta, unusually small/thin/unequally-sized breasts, hormonal conditions like thyroid problems or polycystic ovary syndrome.

If you have any risk factors for low milk supply, you may be referred to an infant feeding specialist.

### Effective attachment

A baby who isn't deeply attached at the breast may not be able to get enough milk, and feeding may also be uncomfortable for you. Squashed ("new lipstick") nipples after a feed, skin damage and pain that lasts throughout feeds are all signs of shallow attachment. Face to face help is usually best when working on attachment. **More information:** [www.laleche.org.uk/positioning-attachment/](http://www.laleche.org.uk/positioning-attachment/)  
**Video on how to hold and attach your baby at the breast:** [www.globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioCats=191%2C94%2C13%2C23%2C65](http://www.globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast/?portfolioCats=191%2C94%2C13%2C23%2C65)

If pain doesn't lessen or disappear, or feeding doesn't become more efficient even with skilled help, your baby may be referred for an oral assessment (a thorough examination of their mouth) to check for tongue tie, which is a problem for a small number of babies, and can be treated:

[www.unicef.org.uk/babyfriendly/support-for-parents/tongue-tie/](http://www.unicef.org.uk/babyfriendly/support-for-parents/tongue-tie/)

This can be done:

- **At the maternity Breastfeeding Clinics** (JR, Horton & Chipping Norton): [www.ouh.nhs.uk/maternity/feeding/default.aspx](http://www.ouh.nhs.uk/maternity/feeding/default.aspx)
- By some of the **Enhanced Health Visitor Practitioners** - you can ask to be referred to them via your own health visitor.
- By **private tongue-tie practitioners**: [www.tongue-tie.org.uk/find-a-practitioner/](http://www.tongue-tie.org.uk/find-a-practitioner/)

### Skin to skin

This helps your milk-making hormones to work well, keeps your baby calm and happy, and encourages interest in feeding.

[www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/](http://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/)

## How often and when to feed

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Signs of interest include: turning head and opening mouth (rooting), licking lips, mouthing hands, restlessness, making small sounds. Crying is a very late sign of hunger.

- Avoid using a dummy, a baby swing, or swaddling your baby – these can make it difficult to tell if your baby is interested in feeding.
- Don't give your baby water, tea or any other non-milk drinks.
- Feeds don't have to be regular (e.g. every 2-3 hours). Your baby just needs to have enough feeds in 24 hours, whenever they are awake enough and interested. Don't watch the clock – watch your baby and count feeds.

## Breast compressions

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This can help to keep your baby actively feeding for longer. Start compressing your breast as soon as your baby stops actively feeding. You can see how to do compressions here:

[www.laleche.org.uk/my-baby-needs-more-milk/#compression](http://www.laleche.org.uk/my-baby-needs-more-milk/#compression)

When your baby is no longer actively feeding even with compressions, repeat on the other side. Offer as many breasts as your baby will take – it can be more than two!

## Active feeding

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Your feeding supporter will show you how to tell when your baby is actively drinking at the breast, with deep sucks and swallowing after every 1-2 sucks. A baby who is only swallowing after every 3 sucks, or more, is no longer actively feeding and it would be more efficient to end the feed and express milk instead. A baby who breastfeeds “all the time” is probably asleep and not feeding actively for much of this time (light, fluttery sucks, very little swallowing).

## Expressing your milk

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To start with, your feeding supporter will agree with you how many times in 24 hours to aim for. If next time your baby is weighed they are still growing slowly, increase the number. For maximum effect you would aim for 8-12 times in 24 hours (this is the number of times most babies need to feed).

- A double electric breast pump is usually the best tool for this job. If you don't have one, ask your feeding supporter for information on how to get one.
- Watch the “hands on pumping” video here: [www.med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html](http://www.med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html) It works better to use your hands to massage your breasts before pumping, and to express more milk after pumping, rather than just relying on the pump. Some women find that they can get more milk with their hands than with the pump.
- You don't need to pump regularly (most babies don't feed regularly), just whenever you can. The important thing is how many times you express in 24 hours – it's up to you when you do it. Experiment to see what works best. It's fine to take a break for a few hours to go out or to sleep! More, shorter, expressions often works better than fewer, longer ones and it's fine to stop in the middle of pumping, if you need to do something. Even if you only have a few minutes it's worth pumping.
- More tips on how to express milk here: [www.laleche.org.uk/expressing-your-milk/](http://www.laleche.org.uk/expressing-your-milk/)
- Useful free relaxation track here: [www.dropbox.com/s/weyg6uw68u7plnm/Breastfeeding%20for%20Premie%20Infants.m4a?dl=0](http://www.dropbox.com/s/weyg6uw68u7plnm/Breastfeeding%20for%20Premie%20Infants.m4a?dl=0)

## Balancing breastfeeding and expressing

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The priority at this stage is to increase your baby's milk intake and your milk supply. **This may mean limiting your baby's time at the breast, for now, to free up enough time to express.** Your baby has lots of time to learn to breastfeed. Your milk supply will become more difficult to increase as time goes on, so it is important to act quickly to remove more milk if your baby can't yet take as much as they need at the breast. This might feel all wrong – you want to breastfeed, not pump! It can help to think about it as an investment of your time now to help your baby breastfeed later. As your milk supply increases, breastfeeding will get easier for your baby. When breastfeeding is going well, you will be able to let your baby feed as much as they want.

## How to feed expressed milk to your baby

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There are lots of options – your feeding supporter can help you choose some to try:

**Paced bottle feeding:** [www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Infant-formula-and-responsive-bottle-feeding.pdf](http://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Infant-formula-and-responsive-bottle-feeding.pdf)

**Finger feeding:** [www.ouh.nhs.uk/patient-guide/leaflets/files/11016Pfingfeeding.pdf](http://www.ouh.nhs.uk/patient-guide/leaflets/files/11016Pfingfeeding.pdf)

**Cup feeding:** [www.globalhealthmedia.org/portfolio-items/cup-feeding/](http://www.globalhealthmedia.org/portfolio-items/cup-feeding/)

**Supplementer:** [www.laleche.org.uk/nursing-supplementers/](http://www.laleche.org.uk/nursing-supplementers/)

## Keeping the breast happy for your baby

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- If your baby is upset, try offering some extra milk before breastfeeding. This helps your baby to associate the breast with feeling full and happy, rather than hungry and frustrated.
- Babies enjoy ending a feed by falling asleep at the breast. You can offer extra milk between breasts, allowing your baby to finish with the second breast.
- You can give milk by bottle or cup with your baby's cheek against your breast.
- If a supplementer is used, your baby can drink expressed milk while breastfeeding.

## Domperidone

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This is a prescription medication that can help to increase milk supply in some women, whilst they are taking the tablets. It is not suitable for everyone, e.g. it is not safe for those with certain heart conditions. Because of this, doctors are currently discouraged from prescribing domperidone to anyone. However there is NHS advice that domperidone may be appropriate, so it's worth discussing with your GP, and taking along some information for them to read.

The most important thing to do to increase milk supply is to remove more milk from your breasts, so don't worry if you can't or prefer not to take domperidone. Information about domperidone, to share with your GP:

[www.sps.nhs.uk/articles/drug-treatment-of-inadequate-lactation/](http://www.sps.nhs.uk/articles/drug-treatment-of-inadequate-lactation/)

[www.breastfeedingnetwork.org.uk/wp-content/dibm/](http://www.breastfeedingnetwork.org.uk/wp-content/dibm/)

[BfN%20statement%20on%20domperidone%20as%20a%20galactagogue.pdf](http://BfN%20statement%20on%20domperidone%20as%20a%20galactagogue.pdf)

## Formula milk

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Some babies need extra milk for a short time or longer term if their mother is not able to make a full milk supply. If donated breastmilk is not available, formula milk is the only safe option, if. You can find our Milk Sharing Policy here: [www.oxbreastfeedingsupport.org/images/OBS\\_MilkSharingPolicy0619.pdf](http://www.oxbreastfeedingsupport.org/images/OBS_MilkSharingPolicy0619.pdf)

- You can use any first-stage infant formula milk – they all contain the same essential ingredients: [www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Infant-formula-and-responsive-bottle-feeding.pdf](http://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Infant-formula-and-responsive-bottle-feeding.pdf)
- If your baby can't tolerate cow's milk (this is more likely if a close family member can't tolerate it) discuss with your midwife, health visitor or doctor what kind of formula milk to use. If your baby can't tolerate cow's milk even in the tiny amounts found in your milk, you can still continue to breastfeed while excluding cow's milk from your own diet.

## Protecting breastfeeding when using formula milk

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It can help to think of formula milk as a medicine that helps your baby to breastfeed. You can find more information on how to use formula milk to support breastfeeding here: [www.laleche.org.uk/formula-supplements/](http://www.laleche.org.uk/formula-supplements/)

## How much formula milk to give your baby

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Your baby may only take small quantities at first. Encourage them to take as much as they can, without force-feeding. Use any expressed milk first, before offering formula milk. As your baby gets more energy, they will probably start wanting much more milk, while their growth catches up. This is normal, and will settle down once they reach their natural size.

## Recording

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Recording is helpful because we can see how things are changing over time. You could use paper or an app. You don't need to record the length of feeds because it doesn't tell us anything useful. Make a note of:

- how many wet and dirty nappies your baby does.
- how many times your baby breastfeeds.
- how much milk you express (*if you're on Plan 2 or 3*).
- how much expressed milk your baby drinks (*if you're on Plan 2 or 3*).
- how much formula milk your baby drinks (*if you're on Plan 3*).

## Review

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You will need to make appointments or visit clinics to have this plan reviewed. If you attend a clinic where you can weigh your baby on your own, please make sure that you talk to a health professional while you are there, and tell them that your baby is on a feeding plan and needs to be reviewed every 3 days until they are growing as expected.

If you are on Plan 3 your baby will be monitored by one of these specialist services:

- **The maternity Breastfeeding Clinics** (John Radcliffe, Horton & Chipping Norton hospitals) - usually for babies up to 6 weeks old: [www.ouh.nhs.uk/maternity/feeding/default.aspx](http://www.ouh.nhs.uk/maternity/feeding/default.aspx)
- **Enhanced Health Visitor Practitioners** - you can ask to be referred to them via your own health visitor.

## Double electric breast pump

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If you need to borrow a double electric breast pump, OBS has some to loan: [www.oxbreastfeedingsupport.org/index.php/services/pumps](http://www.oxbreastfeedingsupport.org/index.php/services/pumps)

## Private Facebook breastfeeding support

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Find our private Facebook breastfeeding support group at [www.facebook.com/groups/OxBreastfeedingSupport/](http://www.facebook.com/groups/OxBreastfeedingSupport/). All posts are checked daily by the Facilitator team. If you prefer us to post anonymously on your behalf, you can message us at [www.facebook.com/OxBreastfeedingSupport/](http://www.facebook.com/OxBreastfeedingSupport/)

## Link to document online

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You can find this document online at [www.oxbreastfeedingsupport.org/index.php/bfinfo](http://www.oxbreastfeedingsupport.org/index.php/bfinfo)

*The information in this leaflet is based on the Oxfordshire guideline for babies with faltering growth, which was adopted in August 2017 by Oxford University Hospital Trust maternity service, Oxfordshire Health Visiting, La Leche League Oxfordshire and Oxfordshire Breastfeeding Support.*

