



Every Baby Matters

Guidelines for good nutrition in Bradford and Airedale INFANT FEEDING – Breastfeeding and bottle-feeding

INTRODUCTION

Infants have high nutritional requirements that change rapidly during the first year.

A diet lacking in nutrients at this stage is linked to the incidence of many common childhood conditions such as iron deficiency anaemia (which can have long-term effects on brain development) and vitamin D deficiency (which can lead to rickets and bone deformities). Poor nutrition and growth in infancy may also influence health throughout life, increasing the risk of developing dental disease, obesity, heart disease and diabetes.

Breast milk provides the best food for babies but some parents may choose not to breastfeed. All parents should be supported in their decision of how to feed their babies.

The incidence of infection in infancy is one of the main causes of infant mortality in Bradford. Breast milk contains components that actively protect babies against infection in a variety of ways. Bottle feeds need careful preparation and storage to ensure they do not introduce infection and parents need clear information and education about how to do this.

The guidelines below include information (and links to further resources) about:

Healthy Start Vitamins

Getting Feeding Right: Avoiding Over or Underfeeding Breastfeeding

- How to promote breastfeeding
- Benefits of breastfeeding
- Evidence of breastfeeding practices
- Factors that support breastfeeding
- Establishing and maintaining breastfeeding
- Further support
- Use of dummies and artificial teats
- Use of infant formula milk whilst breastfeeding
- Training for staff and workers in breastfeeding management
- Common breastfeeding problems
- Monitoring weight gain in breastfed infants
- Maternal diet and breastfeeding
- Breastfeeding and alcohol
- Vitamin D
- Healthy Start scheme for Mums
- Returning to work
- Storage of expressed breast milk
- Breastfeeding and medicines
- Breastfeeding and HIV
- Breastfeeding and substance misuse

Formula feeding

- Suitable infant formula milks
- Where to obtain infant formula
- Safe preparation and storage of feeds
- How to make feeds when away from home
- Transporting feeds
- Resources to support safe bottle feeding
- Water and preparation of infant formula milk
- Other fluids
- Frequency and amount of formula feeds
- Feeding position
- Management of common problems
- Healthy Start

Allergy/Intolerance

Next steps in infant feeding

There is comprehensive information about weaning and beyond in the EBM Guidelines for Good Nutrition for Bradford and Airedale: Weaning

Key sources of information

Appendix 1 – Breastfeeding checklist for mothers and assessment tool for health professionals

Appendix 2 – Infant Formula Milks

Appendix 3 – Management of Common Problems in Bottle –fed Babies

Babies born prematurely or with specific medical conditions

This guideline may not fully apply to these babies. They will be under the care of specialist healthcare professionals. Parents who have concerns about feeding their baby should seek guidance from the medical team caring for them.

**Prepared by Bradford Nutrition and Dietetics Service 01274 783124 / 365384
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HEALTHY START VITAMINS

A daily vitamin D supplement is recommended for all babies and children up to 5 years. Advice should be provided on the Healthy Start Scheme vitamin drops for children which provide vitamin D as well as C and A. They are available free or at low cost. Parents can ask their health visitor for more information. These supplements can be safely started from birth whether babies are breast or bottle fed and this would be beneficial to babies across the Bradford district. More information about other aspects of the Healthy Start vitamins and food vouchers scheme is given in the relevant sections of the guideline below.

GETTING FEEDING RIGHT: AVOIDING OVER or UNDER FEEDING

Babies are born with very small stomachs (the size of a ping pong ball by about a week old) so will need feeding little and often- however they are fed. Babies will be hungrier at some times more than others and it is important that parents learn to look for early cues that their baby is ready to feed (eg rapid eye movement, sucking fists or clothing, licking lips, fidgeting, opening mouth and sticking tongue out –before they start crying) It is also important to be responsive when the baby has had enough and not to try to get the baby to feed more at this point. Although crying may be a sign of hunger, there can be many other causes (needing attention or to be held/cuddled, boredom, play, uncomfortable eg wind, teething, soiled nappy) so it is important that a feed is not offered instead of attending to these needs. Parents can quickly learn to be responsive to their babies individual needs but may also feel under pressure from others: eg to feed more or less, change the way or what they are feeding –this well-intended help is often aimed at getting the baby into a 'routine' early, going longer between feeds, sleeping through the night. Those working with new parents can support them in responsive feeding by raising their awareness and confidence in interpreting and meeting their child's needs and in asking for help. Families and friends can support new parents in the early weeks of caring for their baby with other practical help that gives them more time to get feeding established or catch up on missed sleep. Parents who are concerned about how their child is feeding should seek the advice of their health visitor. The breastfeeding assessment tool for mothers in Appendix 1 and the Unicef/DH guide to bottle feeding both contain useful advice about how much to feed.

BREASTFEEDING

Breastfeeding is one of the most protective actions a mother can take for her baby. Generally, breast milk provides all the nutrients required and its content changes to meet the growing needs of the baby. Department of Health (and the World Health Organisation) policy is to promote breastfeeding. Breast milk provides the best food for babies and mothers are advised to ideally breastfeed exclusively for the first 6 months. Staff, carers and health professionals should provide all parents with information about the benefits and management of breastfeeding to allow a fully informed choice.

No other foods or fluid need to be offered until the baby is ready to be weaned. (Breastfeeding should continue during the weaning process to support nutrient intake whilst a more varied diet is being introduced. After that, breastfeeding can continue as long as mum and baby wish.

The UK Baby Friendly Hospital Initiative: The Ten Steps to Successful Breastfeeding and the Seven Point Plan in the Community identifies best practice standards for improving breastfeeding rates and can be found at <http://www.babyfriendly.org.uk>.

Many local organisations have breastfeeding policies to assist their staff to encourage and support women to breastfeed. (For example in Bradford and Airedale, both hospital trusts, Bradford District Care Trust and NHS Bradford and Airedale each have their own breastfeeding policy)

Staff and volunteers should ensure they are familiar with and follow these.

How to promote breastfeeding

Healthcare professionals, staff and carers should actively encourage breastfeeding by ensuring that parents have the opportunity to discuss infant feeding during pregnancy and after delivery. The benefits and management of breastfeeding and the potential health risks of giving infant formula milk should be discussed so that parents can make an informed choice about how they will feed their baby.

Information and support should be tailored to meet the needs of the individual mother and should be provided in a format that she can understand.

There is practical information and pictures about how to breastfeed and express breast milk available in the Department of Health booklet '**Off to the best start**'. This can be ordered from the Department of Health publications order line or downloaded free from http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125827.pdf

There is also a wealth of practical information and advice on all aspects of breastfeeding in the Pregnancy and Baby section of the **NHS Choices website** including video clips

www.nhs.uk/Conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx

A DVD 'From Bump to Breastfeeding' is available to buy and can also be viewed free online at www.bestbeginnings.org.uk/. This is endorsed by UNICEF UK Baby Friendly Initiative (UNICEF UK BFI) and gives essential information in a clear and accessible format. Research has shown it is an effective resource to use with women leaving school with no qualifications. The video 'Breastfeeding: a Gift for life' is currently given to all women who are booked at the maternity unit in Bradford.

Resources in different languages and also in Braille (including leaflets to download and videos) are available from the UNICEF UK BFI website at

<http://www.unicef.org/BabyFriendly/Resources/Resources-for-parents/>

Benefits of breastfeeding

Breastfeeding has short and long term benefits for the health of both mother and baby and every effort should be made to ensure that women and their partners are aware of these.

Benefits for baby

- Breast milk provides the nutrients babies need in the right amounts, it is easily absorbed and the composition changes to meet babies' requirements as they grow.
- Breastfeeding helps to protect against infections, including ear, chest, urinary tract and gastro-enteritis, due to a number of factors, including:
 - Antibodies are passed into the milk, making breast-fed babies less vulnerable to infections.
 - Breast milk contains factors that help to prevent bacterial growth in the gut and respiratory tract.
 - Breast milk contains properties that can help to reduce inflammation and therefore make any infection less severe.
- Breastfed babies are less likely to develop allergic conditions such as atopic eczema, hayfever, asthma or food allergies.
- Breast milk contains growth factors and hormones to assist in babies' development.
- Breastfed babies have reduced risk of:
 - Sudden infant death (cot death)
 - Childhood leukaemia
 - Becoming obese as a child
 - Developing childhood onset diabetes
 - Developing heart disease, diabetes or high cholesterol when they are older.
- Breast milk is easily digested and absorbed and therefore breastfed babies rarely become constipated.

Benefits for mother

- Breastfeeding helps the womb return to its normal size more quickly.
- Breastfeeding uses up about 500 extra calories per day and can help women to lose some of the fat stores gained during pregnancy.
- Breastfeeding reduces the risk of breast and ovarian cancer and osteoporosis.
- Breast milk costs nothing, requires no preparation and is ready at any time.

Breastfeeding practices

The UK Infant Feeding Survey 2005 identified breastfeeding rates at birth, 6 weeks and at 6 months and these are summarised in the table below.

	At birth	At six weeks	At six months
% babies breastfed	76%	48%	25%
% exclusively breastfed	65%	21%	Negligible

Figures for the Yorkshire and Humber region show a similar decline over time. Breastfeeding initiation rates for the region in Quarter 3 of 2010-11 were 68.5% and by 6 weeks 36% of babies were breastfed either wholly or by mixed feeding ie given formula feeds and breastmilk. Breastfeeding rates in Bradford for 2011-12 data show that almost 70% are recorded as initiating breastfeeding but that by six-eight weeks this had reduced to 28% being exclusively breastfed and a further 14% are mixed formula and breast-fed ie a total of 42% receiving any breastfeeds. The majority of mothers stop breastfeeding within the first five to ten days of birth.

The 2005 Survey also identified that there is variation in breastfeeding rates according to socio-economic status, level of education and age of the mother. Those least likely to breastfeed are young mothers from the lower income groups. Those most likely to breastfeed are mothers from managerial and professional occupations and are aged 30 or over.

Factors supporting breastfeeding

Factors that can help and support breastfeeding mothers include:

- The UNICEF Baby Friendly status of the maternity unit where the baby is born.
- Skin to skin contact and early breastfeeding as soon as possible
- Baby-led feeding - enabling the baby to feed when she needs to including during the night
- Rooming in of the baby - allowing mothers and babies to stay together for 24 hours per day
- Extra support by trained professionals with special skills in breastfeeding.
- Family support and encouragement.
- Peer support. For example, some of the Children's Centres in Bradford and Airedale provide breastfeeding peer support. A list of Children's Centres can be found at www.bradford.gov.uk.
- Supportive communities where breastfeeding is seen as the norm and facilities are available for women to breastfeed.

The UK Infant Feeding Survey 2005 showed that 75% of British mothers who stopped breastfeeding at any point in the first 6 months (and 90% of those who stopped in the first 2 weeks) would have liked to continue for longer. This suggests that much more could be done to support them. With appropriate support and advice most difficulties can be overcome.

All mothers across the district should be given information about the benefits and management of breastfeeding and ongoing support with it. Initiation and maintenance of breastfeeding is strongly associated with a range of socioeconomic factors so it is important that staff ensure that all mothers from communities with low rates of breastfeeding are given information and support that is appropriate to them.

Establishing and maintaining breastfeeding

Midwives will support mothers so that they are able to effectively position and attach their baby for feeding. Staff will discuss how mothers can recognise effective feeding and ensure they develop confidence to successfully establish breastfeeding.

Mothers should be taught early on by appropriately qualified staff how to express by hand as this can be used to prevent and manage breastfeeding challenges such as engorgement and blocked ducts.

Many breastfeeding women worry that they produce insufficient milk and this is one of the most common reasons that women give for stopping breastfeeding. The vast majority of women produce the right amount of milk.

If a baby is not getting enough milk it is most likely to be due to ineffective attachment or the baby not being allowed to feed as often or as long as required to stimulate milk production. Mothers should be advised to seek prompt support from trained staff to rectify any problems with milk supply or attachment. Breastfeeding clinics are held at the maternity units in both Bradford and Airedale Hospitals.

Unicef produce two useful breastfeeding assessment tools (one for mothers and one for health care professionals) to help workers and parents know when breastfeeding is going well and when support or advice may be needed. These are reproduced in Appendix 1 and can be found on the Unicef website

Mothers breastfeeding checklist

- www.unicef.org.uk/Documents/Baby_Friendly/Forms/mothers_breastfeeding_checklist.pdf?epslanguage=en
- Health Professionals breastfeeding assessment tool
www.unicef.org.uk/Documents/Baby_Friendly/Guidance/4/bf_assessment_tool.pdf?epslanguage=en

Further support for breastfeeding (and local and national contacts)

When mothers leave the maternity unit they should be given contact details of helplines, breastfeeding clinics, breast feeding counsellors, support groups and community healthcare staff they can contact for help and support in case they encounter problems. Midwives and Health Visitors will also be able to provide advice and information about local support groups. All those working with or providing services to pregnant and postnatal Mums should consider their role in supporting breastfeeding and ensure that Mums are aware of where they can get further support if or when they need it.

Workers in Bradford and Airedale can find out where to contact local **Health Visiting teams** by emailing Fiona.graham@bdct.nhs.uk or Kerry.bennett@bdct.nhs.uk

Breastfeeding clinics for mothers who need extra support are run by midwives in both Bradford and Airedale. For details of when the clinics are held contact **01274 364583 for Bradford** or **01535 292383 for Airedale**

Bradford Women's and Newborn Services also provide a **24 hr helpline** for parents needing help with breastfeeding 01274 364533

The Breastfeeding in Bradford website includes a list of local organisations which have signed up to support breastfeeding. Mums should look for the 'Breastfeeding Welcome Here' sticker in the window to recognise places where they will be able to breastfeed. See: <http://www.breastfeedinginbradford.org.uk/welcomehere>.

Breastfeeding cafes - Victoria Hall Breastfeeding Café facilitated by health visitors at Queensbury is open to mums across Bradford (01274 432 690) – Other local children's centres offer similar support

A **directory of local community services** providing support through pregnancy and early years including breastfeeding peer support is compiled by the Health Partnership Project (01535 665258) and can be found on their website http://health-partnership.org.uk/files/Bumps_To_Babies.pdf

Help and advice is also available from national telephone helplines on the following numbers:

The lines are open 9.30 am to 9.30 pm, every day of the year. Calls to 0300 numbers cost the same as calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to provider and call packages. Further information on these helplines can be found at <http://www.breastfeedingnetwork.org.uk/breastfeeding-helplines.html>

0300 100 0212 - National Breastfeeding Helpline. Telephone calls are taken by trained volunteers from The Breastfeeding Network and from the Association of Breastfeeding Mothers.

0300 100 0210 – Breastfeeding Network (BfN) Supporterline. Telephone calls are taken by volunteers who have breastfed their own babies and undertaken breastfeeding training.

0300 456 2421 – BfN Supporterline in Bengali

07501 466 817 – Breastfeeding support in Hindi

Use of dummies or artificial teats

Parents should be advised about the possible detrimental effects of using dummies or artificial teats during the establishment of breastfeeding. Babies who have a dummy or teat can sometimes find it more difficult to attach to mum's breast and may be less likely to feed.

Use of infant formula milk whilst breastfeeding

If parents are considering introducing infant formula milk, even for one or two feeds a day, healthcare staff should make parents aware of the implications this may have on breastfeeding and the child's health (refer to 'benefits of breastfeeding' above) so that they can make an informed choice.

Introducing partial bottle feeding will reduce a mother's breast milk supply. It is possible, but difficult, for mothers to reverse a decision not to breastfeed or to re-start breastfeeding once they have stopped.

Should the mother need to introduce some formula feeds (eg returning to work or other separation) support should be given to maintain partial breastfeeding for as long as she wishes.

For further information about how to re-start breastfeeding or how to combine breast and bottle feeding, see NHS Choices website at <http://www.nhs.uk/Planners/breastfeeding/Pages/combining-breast-and-bottle.aspx>

Training

All healthcare staff and workers in partner organisations who work with pregnant women and breastfeeding mothers should receive training in breastfeeding management. Bradford Maternity Services can be contacted for further details on 01274 364313 or workers in Airedale District can contact 01535 292383.

Common problems

Breastfeeding mothers may experience some challenges that may need extra help or treatment. These include sore nipples, engorgement, blocked ducts, mastitis (inflammation/infection) and thrush (infection).

These can be overcome with prompt support and appropriate advice. Mothers should be advised to contact their midwife, health visitor or qualified breastfeeding advisor as soon as possible. Advice on how to avoid these or deal with them if they occur is available in the Birth to Five Book available from Department of Health publications.

Monitoring weight gain

Most breastfed babies gain weight and thrive. Weight gain in the early days varies between babies and some weight loss usually occurs. However, by 2 weeks of age most babies will be close to their birth weight and this is one of the signs that feeding is effective. See the checklist in appendix 1 for others

Babies should be weighed in the first week as part of the feeding assessment and then they will usually be weighed at around 8, 12 and 16 weeks and 1 year of age unless there are any concerns in which case weight monitoring may be more frequent. Normally, babies rarely need to be weighed more than once a month from 16 weeks up to 6 months of age, once every 2 months from 6 to 12 months and once every 3 months over the age of 1 year.

Parents can monitor that breastfeeding is going well if their baby has at least 6 heavy wet nappies a day after day 3 and at least 2 soft yellow stools the size of a two pound coin. The checklist in Appendix 1 can be used. As breastfeeding progresses stools may become less frequent. Parents should be re-assured that once breastfeeding is established frequency of stools is less important in breastfed babies. Stools may be produced several times a day or only once every few days.

If there are any concerns about weight gain or feeding, parents should contact their Midwife or Health Visitor as soon as possible.

Maternal diet and breastfeeding

Breastfeeding does put a significant nutrient demand on Mum and so it is important to be aware of this and encourage a balanced and adequate diet for Mums own wellbeing. However her daily dietary intake doesn't impact immediately on the nutritional quality of her milk as her body nutrient stores will make up any deficiencies. Poor maternal diet should not be seen as a barrier to breastfeeding and all women can be reassured that they can give their babies the best start by breastfeeding even if Mum is struggling to eat well herself at times for whatever reason.

Breastfeeding women have an increased requirement for some nutrients and this can usually be met by eating a balanced, varied diet and eating to appetite. There is no need to “eat for two” during breastfeeding. However, it is important that breastfeeding women don't follow restrictive diets.

Breastfeeding increases fluid requirements and not all women will remember to drink enough when busy. Practical advice that can help is to encourage women to have a drink themselves when they sit down to breastfeed, in addition to what they usually drink. Mum's need to be aware that caffeine passes through breast milk and can affect the baby and keep them awake. It is advisable to limit intake of caffeine containing drinks (eg cola, coffee, tea energy drinks) and choose decaffeinated versions instead of these some of the time.

Breastfeeding women should not be advised to avoid particular foods as a means of preventing colic in infants. Occasionally an infant appears to be unsettled or have an adverse reaction to a food in the mother's diet. The food can be removed for a few days to see if there is an improvement. If a food is excluded for longer, care needs to be taken to ensure that any key nutrients are replaced. Dietetic advice may be necessary especially if a whole food group or many foods are excluded.

Further information about diet and fluids for breastfeeding and practical ideas for simple meals and snacks can be found in the EBM nutrition guideline '**Diet after pregnancy and when breastfeeding**'.

Breastfeeding and alcohol

Alcohol passes into breast milk and can affect babies' feeding, sleeping and digestion. Breastfeeding mothers who want to drink alcohol should be advised to drink no more than 1-2 units once or twice a week. Women should avoid getting drunk and if they have more than 1 or 2 units should wait at least an hour before feeding their baby to allow the alcohol level to reduce. One tip is that 'if you wouldn't drive you shouldn't breastfeed'

Vitamin D

We get most of our vitamin D from sunshine and babies initially rely on the stores they are born with which are dependent on Mums vitamin D status. Vitamin D deficiency is unusual in babies born at term to mothers with adequate vitamin D levels. However if the mother has deficient vitamin D levels during pregnancy, then her baby is more likely to be deficient in vitamin D. Breastmilk will not correct that deficiency as (like most other foods) it contains only low levels of vitamin D. This is NOT a reason to discourage breastfeeding as the other benefits are invaluable, but it does mean that Vitamin D supplementation for breastfed babies is essential. UNICEF's Baby Friendly Initiative has produced a statement on vitamin D supplementation for breastfed babies (see key references at end) As some babies are at greater risk of vitamin D deficiency in Bradford and Airedale, it is recommended that all babies from birth to six months receive Healthy Start multivitamin drops containing vitamin D. More information on these are available from health visitors.

Healthy Start Scheme for Mums

The Department of Health recommends that pregnant and **breastfeeding women should take a supplement of 10mcg Vitamin D per day**. This is provided in the Healthy Start Vitamins for Women which are available free to women qualifying for the healthy start scheme until their baby is a year old (or at low cost to others). Parents can ask their health visitor for more information. Women qualifying for the Healthy Start Scheme will also be eligible for vouchers for free fruit and vegetables and cows' milk. More information is available at www.healthystart.nhs.uk

Breastfeeding and returning to work

Breastfeeding mothers who are returning to work should be supported to continue breastfeeding. Healthcare staff should ensure that mothers know how to express their milk, are aware of their employment rights and are helped to make an individualised plan.

www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/Breastfeeding-and-work

Storage of expressed breast milk

Mothers who are expressing breast milk for later use should be advised on how to store it safely. Breast milk should be stored in a sterilised container and can be kept:

- for up to 5 days in the back of a fridge (at 4°C or lower);
- for 2 weeks in the ice compartment of a fridge;
- up to 6 months in a freezer.

Frozen breast milk should be defrosted in the fridge and used as soon as it has thawed.

If parents wish to warm breast milk before feeding their baby they should be advised to **never** use a microwave as it can cause hot spots that burn.

Breastfeeding and medicines

Small amounts of medicines pass into breast milk so mothers should always inform their GP, dentist or pharmacist that they are breastfeeding. Many medicines are not harmful to babies and can be safely used during breastfeeding, whilst others are unsafe. Breastfeeding mothers should avoid unnecessary use of medicines and seek advice on the suitability of over-the-counter products.

As far as possible the aim is to minimise infant exposure to medicines with minimal disruption of breastfeeding, whilst not compromising maternal treatment. In most cases it should be possible to identify a suitable medicine which is safe to take during breastfeeding however, there may be occasions when a mother's need for medication may be a reason to temporarily discontinue breastfeeding.

If medicines that are unsafe for breastfeeding are required, women should be encouraged to express breast milk and discard it at this time so that breastfeeding can be re-instated once the medication is finished.

Information about suitable medicines that can be used to treat minor ailments and those that should be avoided is available in the Birth to Five Book, available to download free from the Department of Health at www.dh.gov.uk/publications. More information can be found at www.breastfeedingnetwork.org.uk/drugline.html or from the Drugs in Breastmilk Helpline on 0844 412 4665.

Health professionals can obtain information from the **Medicines Information Helpline at Bradford Royal Infirmary on 01274 364598** between 9am and 5.30pm Monday to Friday. The UK Drugs in Lactation Advisory Service at UK Medicine Information can be accessed at <http://www.ukmicentral.nhs.uk/drugpreg/guide.htm>.

Breastfeeding and HIV

The British HIV Association and Children's HIV Association recommend the complete avoidance of breastfeeding for infants born to HIV-infected mothers. The HIV virus can be passed to infants via breast milk and therefore all HIV-positive mothers in the UK should be supported to formula-feed their infants.

Mothers should be advised on access to infant formula milk and appropriate equipment. Women on low income and eligible for Healthy Start should be informed about how to purchase infant formula milk with their vouchers. Information about possible financial assistance for mothers who are seeking asylum is available in Appendix 1 of the BHIVA/CHIVA Position Statement in Infant Feeding in the UK at <http://www.bhiva.org/BHIVA-CHIVA-PositionStatement.aspx>.

Any women known to be HIV-positive should be referred to their maternity team immediately. Specialist advice and support is available from appropriately trained health professionals at Bradford Maternity Services.

Breastfeeding and substance misuse

All drugs pass into breast milk and illegal substances such as cannabis, ecstasy, cocaine and heroin are unsafe for babies. Any mothers using illegal substances should be referred to their maternity team immediately for advice and support. Specialist advice is available from Maternity Services where appropriately trained health professionals will carry out an assessment and develop an individual care plan.

FORMULA FEEDING

Parents who are considering using infant formula milk should be made aware of the benefits of breastfeeding and the potential health risks of using infant formula milk to help them make an informed choice.

If parents are considering whether to continue with breastfeeding or even to supplement breastfeeds with formula milk, then staff should discuss the health implications and the impact that this may have on breastfeeding.

Parents who decide to bottle-feed should be given guidance on the correct choice of infant formula milk and shown how to safely prepare and store infant formula feeds. This guidance should be provided in the postnatal period.

It is important that staff and workers support parents and carers however they feed their baby.

Normal healthy babies who are given formula milk should be allowed to regulate their own feeds whenever possible. Their requirements may vary on a day to day basis and between babies of the same age. **See below for more guidance on the frequency and amount of formula feeds.**

Formula milk provides all the vitamins and minerals that current research indicates are necessary and present in human milk. It does not contain the non-nutritional elements naturally occurring in breast milk eg: antibodies, other protective components, growth factors and enzymes discussed in the benefits of breastfeeding above.

Babies who are bottle-fed should continue to be given infant formula during the weaning process to support nutrient intake whilst a more varied diet is being introduced. Whole/full fat cow's milk can be introduced as a drink from 12 months of age and from this time parents should be encouraged to discontinue the use of bottles. **Further information on when and how to wean can be found in the Weaning Guideline.**

Suitable infant formula milks

Babies who are not fully breast-fed should be given a **cow's milk based modified infant formula**. These are available from supermarkets, chemists and local shops but are no longer available from NHS premises.

Infant formula should be made up by carefully following manufacturers' instructions and Department of Health guidance. **See Safe Preparation of Formula Milk below.**

There are two main types of infant formula milks, whey based and casein based. Whey based formula milks are more similar to breast milk and easier to digest. These are also known as 'first milks' or show the number '1' on packaging. These should always be the first milks to use and parents should be advised that babies can continue on this throughout the first year.

There is no evidence that babies settle better or sleep longer when fed casein based formula, known as second milks and labelled 'for hungrier babies'. Parents should be advised to speak to their Health Visitor if they have concerns about the suitability of first milks and are wishing to change to a different formula. For more information and recommendations for commonly used infant formula milks see Appendix 2. More detailed information on formulae for health professionals is published by Crawley and Westland at www.firststepsnutrition.org (a charitable trust) see resources list.

Specialist infant formula milks are available on prescription for babies with medical conditions. There is some further information in appendix 2 and dietitians can advise further about specialist formula milks.

Parents should be advised that some specialist formula milks such as soya infant formula and lactose free milk (where the carbohydrate source is glucose rather than lactose) present a greater risk of dental disease once teeth have erupted from about 6 months of age. Parents should be advised to avoid prolonged contact of these feeds (eg leaving babies to nurse on bottles at bedtime) with their baby's teeth and ensure that they clean their baby's teeth after the last feed at night.

Healthy Start

Parents who are eligible for Healthy Start will be able to use their vouchers to buy infant formula as well as fruit and vegetables at participating outlets. This includes families on low incomes and teenage mothers and more information about how to apply and who is eligible can be found at <http://www.healthystart.nhs.uk/>.

Safe preparation and storage of formula milk

National figures from the 2005 Infant Feeding Survey show that 75% of all mothers had given their baby some infant formula milk by the age of 6 weeks, increasing to 92% of mothers by the time their babies were 6 months old.

Infant formula milk powder is not sterile and may contain bacteria from the manufacturing process. Poor preparation and storage of infant formula has been linked with the incidence of infection and on rare occasions this has been life-threatening. As a result the Department of Health recently revised its guidance about preparation and storage of infant formula.

Infection is one of the major causes of infant mortality in Bradford. A combination of factors contribute to this, including that bottle-fed babies miss out on the protective effects of breast milk and may be exposed to the risks of poor preparation and storage of formula milk.

Evidence shows that babies who are NOT breastfed are 5 times more likely to be admitted to hospital with gastro-enteritis.

It is therefore essential that parents and carers who choose to bottle-feed are given guidance on safe preparation and storage of infant formula.

Guidance for preparation and storage of formula /bottle feeds

Staff should ensure that parents or carers who choose to bottle-feed have been shown how to safely prepare formula feed and given information about storage in the postnatal period. The following information summarises the key points of the guidance:

- All feeding equipment must be washed in hot soapy water and rinsed before being sterilised. Follow the instructions that come with sterilisers carefully.
- Strict hygiene standards should be followed to wash hands and clean and disinfect work surfaces before preparation.
- Make up feeds fresh, one at a time, when required. This reduces the risk of infection.
- Always use tap water that has been boiled once only and is at a temperature of at least 70°C. In practice this means filling the kettle with at least 1 litre of water and using it within half an hour.
- Always put the water in the bottle first, and then add the powdered formula.
- Follow manufacturer's instructions carefully regarding how much water and powder to put in bottles.
- Only use the scoop supplied by the manufacturer to measure the correct amount of infant formula powder. Scoops should be loosely filled and levelled off.
- Hold edge of the teat to put it on the bottle. Cover the teat with the cap and shake to dissolve powder.
- Make sure the formula is cooled so it is not too hot. Hold the bottom half of the bottle under cold running water and test the temperature before giving it to baby.
- Formula feed kept at room temperature should be thrown away after 2 hours.

Feeding away from home

The safest practice is to make the feed up fresh. On trips away from home parents and carers should be advised to take:

- A measured amount of infant formula in a small clean container.
- A vacuum flask of hot water that has just boiled.
- An empty sterilised feed bottle.

Ensure that the feed is cooled before being given to baby. Alternatively, ready-to-feed liquid infant formula can be used, however this is more expensive. When using ready-to-feed formula, manufacturer's instructions should be followed regarding preparation and storage. Once opened, any unused formula in the carton should be transferred to a sterile, sealed bottle, stored in the fridge and used within 24 hours.

Transporting a feed

Best practice is that nurseries and childminders should make up feeds fresh when needed by following the instructions above for safe preparation and storage of formula milk.

If a feed needs to be transported or the above guidance for feeding away from home can't be followed, then parents and carers should be advised to:

- Prepare the feed at home and cool it. Place in the back of the fridge for at least one hour.
- Remove from fridge just before leaving home. Transport the feed in a cool bag with an ice pack and use within 4 hours.
- Formula stored in a fridge should be used within 24 hours.

Resources to support safe bottle feeding

Full details of preparation and storage of infant formula can be found on the Department of Health and Food Standard Agency websites. The Department of Health/Unicef leaflet for parents and carers '**Guide to bottle feeding**' (revised February 2011) has full instructions and pictures to illustrate best practice as well as advice on choosing a formula, how much to feed, feeding away from home etc. This can be downloaded from the publications website at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124525 Hard copies are available to order.

Fact sheets on sterilisation and safe preparation of formula milk are available in a range of languages from UNICEF UK Baby Friendly Initiative website at: <http://www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents>

Water and preparation of infant formula milk

Tap water that has been boiled and cooled to no less than 70°C should be used to make up infant formula milk. It should only be boiled once before use as repeatedly boiled water can contain higher levels of sodium. Tap water given as a drink to infants less than 6 months of age should be boiled and cooled.

Softened water is not suitable for use to prepare formula milk as it has high levels of sodium. Filtered water should not be used.

Bottled waters are not advised under normal circumstances as they may have high levels of minerals such as sodium or sulphate. If parents or carers have to use bottled water to make up a feed, they should

- check the label to make sure the sodium level (also written as Na) is less than 200mg per litre and the sulphate level (also written as SO or SO₄) is less than 250mg per litre.
- Only use **still** water. Carbonated (sparkling) water can contain high levels of sodium and may also lead to baby developing 'wind'.
- **Always boil bottled water** first as you would tap water - it is not sterile

Other fluids

Bottle-fed babies rarely require additional fluids provided adequate milk is given. In very hot weather some additional fluid may be required and cooled boiled water can be offered.

Feeding bottles should only be used for expressed breast milk, infant formula milk or cooled boiled water. **Parents should be advised not to add foods to bottles such as sugar, rusks or cereals. Baby juices, herbal drinks, squashes or tea are not suitable for babies.** Diluted pure fruit juice should be discouraged before 6 months as it can reduce the intake of milk. When it is introduced it should be given only at mealtimes and very well diluted (50:50) with water from a cup.

Babies who have a fever, diarrhoea or vomiting can dehydrate quickly and will require additional fluids. Parents or carers should seek prompt advice from their Health Visitor about extra fluid requirements if their baby is unwell

Feeding from a bottle should be discouraged from one year onwards. Early childhood dental disease ('nursing bottle caries') is a risk of using a bottle over prolonged periods, particularly at night.

Frequency and amount of formula feed

The amount of milk required by a bottle fed baby will vary and they should be allowed to regulate the volume of milk taken, in much the same way as breastfed babies are fed on demand. Whey based infant formula milks are easier for babies to digest meaning that bottle-fed babies may also tend to feed little and often and may not always finish their bottle. A big feed does not mean that babies will go longer between feeds. Trying to get a baby to go longer between feeds or to sleep better by giving bigger bottles of formula can cause regurgitation, colic or too rapid weight gain. Whey based first milks are suitable throughout the first year of life.

Information is provided by manufacturers, however parents or carers should be given tailored advice about the amount of milk needed according to weight and growth of their baby. An average intake of infant formula of 150-200 ml per kg of baby's body weight per day until 6 months of age can be used as a guide to the volume required.

Weights and lengths plotted on the appropriate centile chart over several months should be used to indicate whether babies are growing appropriately. The UK-WHO Growth Charts for infants aged 0-4 years of age should be used and the same guidance for when to weigh should be followed as for breastfed babies – see 'Monitoring Weight Gain' under Breastfeeding above. Parents or carers should speak to their Health Visitor if they have any concerns about how much formula milk their baby is having.

Information for health professionals about using the UK-WHO growth charts is available from Department of Health Publications at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110425.pdf

A fact sheet for parents is available from <http://www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts>.

Feeding position and skin-to-skin contact whilst bottle feeding

Bottle-fed babies should be held closely for feeding in a semi-upright position. This will help parents or carers to make eye contact, encourage bonding and help babies to feel safe and secure. Just as with breast-feeding, skin-to-skin contact with Mum is encouraged during feeding especially in the early days. The bottle should be held at an angle so that the teat is kept full of milk to ensure that the amount of air consumed with the milk is kept to a minimum. It is common practice to 'wind' babies half way through a feed and at the end.

Management of Common problems

Common problems when bottle feeding include possetting, colic, constipation and concerns about weight gain. Appendix 3 covers some useful management tips for these and when to seek further advice.

Allergy/intolerance

Food allergy and intolerance are types of food sensitivity. If someone has a food allergy their immune system mistakes a food as unsafe and this causes a serious and possibly life-threatening reaction. A food intolerance also causes a reaction but it doesn't involve the immune system and generally isn't life-threatening. It may make them feel ill or affect their long-term health.

Some parents suspect that their babies are sensitive to foods but only 2-5% actually has allergy or intolerance. Many infants grow out of this by 12 months. If parents do suspect their baby has food sensitivity they should seek advice from their GP or Health Visitor. Health Professionals should refer to NICE Clinical Guideline Food Allergy in Children and Young People (CG116) for information on the diagnosis and assessment of allergy in primary and community care settings.

Infants are more likely to develop allergies if there is an immediate family history of eczema, asthma or hay fever. **These families should be advised that exclusive breastfeeding for the first six months gives the best protection.**

Breastfeeding mothers should of course avoid any foods they are allergic to themselves or where an allergy to that food has been diagnosed in the breastfed baby. There is no clear evidence that avoiding particular foods whilst breastfeeding prevents food allergy developing in the infant. If whole food groups (eg dairy) or many foods are excluded care needs to be taken to ensure that key nutrients are replaced. Dietetic advice should be sought.

Specialist infant formula milks are available on prescription for children with allergies or intolerance. Dietitians can advise further about specialist formula milks.

Next steps in infant feeding

Information and advice is available in the EBM Weaning Guidelines about when and how to introduce solid foods, other drinks, using a cup and practical ideas for foods to include at different stages.

Key Documents and Sources of Information

NHS Bradford & Airedale Breastfeeding Policy 2011

A Breastfeeding Strategy for Bradford (NHS& BDMDC) 2011-14

Both can be found at

www.observatory.bradford.nhs.uk/Pages/InfantMortality.aspx

and on the NHS Bradford and Airedale staff LOOP

Breastfeeding in Bradford

<http://www.breastfeedinginbradford.org.uk/welcomehere>

British HIV Association and Children's HIV Association. Position Statement on Infant Feeding in the UK. November 2010, www.bhiva.org

Cancer Research UK, National Osteoporosis Society, British Association of Dermatologists, Diabetes UK. Consensus Vitamin D Position Statement (2010)

http://www.sunsmart.org.uk/prod_consump/groups/cr_common/@nre/@sun/documents/generalcontent/cr_052628.pdf

Crawley H & Westland, S March 2012 Infant Milks in the UK: A Practical guide for Health Professionals First Steps Nutrition Trust www.firststepsnutrition.org updated quarterly as infant formula composition changes frequently.

Department of Health (2009). Birth to Five

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107303

Department of Health (2011). Guide to Bottle Feeding. How to prepare infant formula and sterilise feeding equipment to minimise the risks to your baby.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124525

Department of Health (2011). Off to the best start. Important information about feeding your baby.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125827.pdf

Department of Health The Pregnancy book (2009)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107302

Infant Feeding Survey 2005. NHS Information Centre

<http://www.ic.nhs.uk/pubs/ifs2005>

NHS Choices Birth to Five. NHS Guide to parenting in the early years.
<http://www.nhs.uk/Planners/birthtofive/Pages/Birthtofivehome.aspx>

NHS Choices Bottle Feeding Guide
<http://www.nhs.uk/planners/birthtofive/pages/bottle-feeding.aspx>

NHS Choices Breastfeeding Guide
<http://www.nhs.uk/Planners/breastfeeding/Pages/breastfeeding.aspx>

NHS Yorkshire and the Humber Delivering Healthy Ambitions – Better for less.
Breastfeeding www.healthyambitions.co.uk/betterforless

NICE Public Health guidance 11 - Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households March 2008
www.nice.org.uk/PH011

NICE Clinical Guideline 116 - Food allergy in children and young people.
Diagnosis and assessment of food allergy in children and young people in primary care and community settings February 2011
guidance.nice.org.uk/CG116/Guidance

Thomas, B & Bishop, J. (2007). Manual of Dietetic Practice, Fourth Edition.
Blackwell Publishing

UNICEF UK Baby Friendly Initiative. Standards and resources for best practice in maternity services, community health care services and other settings
www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly

UNICEF UK Baby Friendly Initiative (2011). Statement on Vitamin D Supplementation in Breastfed Babies.
www.unicef.org.uk/Documents/Baby_Friendly/Statements/UNICEF_UK_Vitamin_D_Statement_211211.pdf

Author: Bradford Dietitians, Bradford Teaching Hospitals NHS Foundation Trust
Date: October 2012
Review due: 2015

Appendix 1a UNICEF Baby Friendly Breastfeeding assessment tool for parents and carers (2 pages)

How can I tell that breastfeeding is going well?

 breastfeeding is going well when:	 Talk to the midwife if:
Your baby has 8 feeds or more in 24 hours	Your baby is sleepy and has had less than 6 feeds in 24 hour
Your baby is feeding for between 5 and 30 minutes at each feed	Your baby consistently feeds for 5 minutes or less at each feed
	Your baby consistently feeds for longer than 40 minutes at each feed
Your baby has normal skin colour	Your baby always falls asleep on the breast and/or never finishes the feed himselfYour baby appears jaundiced (yellow discolouration of the skin) Most jaundice in babies is not harmful; however, it is important to check your baby for any signs of yellow colouring particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when you are changing a nappy or clothes. From time to time press your baby's skin gently to see if you can see a yellow tinge developing. Also check the whites of your baby's eyes when they are open and the inside of his/her mouth when open to see if the sides, gums or roof of the mouth look yellow.
Your baby is generally calm and relaxed whilst feeding and is content after most feeds	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed.
Your baby has wet and dirty nappies (see chart over page)	Your baby is not having the wet and dirty nappies explained overleaf.
Breastfeeding is comfortable	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side
When your baby is 3-4 days old and beyond you should be able to hear your baby swallowing frequently during the feed	You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond
	You think your baby needs a dummy
	You feel you need to give your baby formula milk

Nappies

The contents of your baby's nappies will change during the first week. These changes will help you know if feeding is going well. Speak to your midwife if you have any concern.

Baby's age	Wet nappies	Dirty nappies
1-2 days old	1-2 or more per day urates may be present*	1 or more dark Green/black "tar like" Called meconium
3-4 days old	3 or more per day Nappies feel heavier	2 or more, Changing in colour and Consistency – Brown/green/yellow Becoming looser ("changing stool")
5-6 days old	5 or more heavy wet **	2 or more Yellow: may be quite Watery
7 days to 28 days old	6 or more heavy wet	2 or more at least the Size of a £2 coin Yellow and watery "seedy" appearance

*Urates are a dark pink/red substance that many babies pass in the first couple of days. At this age they are not a problem, however if they go beyond the first couple of days you should tell your midwife as that may be a sign that your baby is not getting enough milk.

** With new disposable nappies it is often hard to tell if they are wet, so to get an idea if there is enough urine, take a nappy and add 2-4 tablespoons of water. This will give you an idea of what to look/feel for.

Source :

www.unicef.org.uk/Documents/Baby_Friendly/Forms/mothers_breastfeeding_checklist.pdf?epslanguage=en

Appendix 1b UNICEF Baby Friendly Breastfeeding assessment tool for health professionals (1 page) - Breastfeeding Assessment Form

If any responses in the right hand column are ticked:

Baby's name:	Birth weight:	
Baby's age:	Gestation:	
Date of birth:	Current weight:	
What to observe/ask about	Answer indicating effective feeding	
Urine output	At least 5-6 heavy wet nappies in 24 hours*	
Baby's colour, alertness and tone	Normal skin colour; alert; good tone	
Weight (following initial post-birth loss)	If re-weighed not lost more than 10% of birth weight – see Weight Guidelines	
Number of feeds in last 24 hours	At least 8 feeds in a 24 hour period *	
Baby's behaviour during feeds	Generally calm and relaxed	
Sucking pattern during feed	Initial rapid sucks changing to slower sucks with pauses and soft swallowing*	
Length of feed	Baby feeds for 5-30 minutes at most feeds	
End of the feed	Baby lets go spontaneously, or does so when breast is gently lifted	
Offer of second breast?	Second breast offered. Baby feeds from second breast or not, according to appetite	
Baby's behaviour after feeds	Baby content after most feeds	
Shape of either nipple at end of feed	Same shape as when feed began, or slightly elongated	
Mothers report on her breasts and nipples	Breasts and nipples comfortable	
Use of dummy/nipple shields/formula?	None used	

* This assessment tool was developed for use **on or around** day 5. If the tool is used

Wet nappies:

Day 1-2 = 1-2 or more
 Day 3-4 = 3 or more, heavier
 Day 7+ = 6 or more, heavy

Stools:

Day 1-2 = 1 or more, meconium
 Day 3-4 = 2 or more changing stools

watch a full breastfeed, develop an action plan including revisiting positioning and attachment and / or refer to specialist practitioner. Any additional concerns should be followed up as needed.

Assessment carried out by:	
Date:	
Answer suggestive of a problem	
Fewer than 5-6 wet nappies in 24 hours, or nappies that do not feel heavy *	
Jaundiced worsening or not improving; baby lethargic, not waking to feed, poor tone	
Weight loss greater than 10%	
Fewer than 8 feeds in last 24 hours*	
Baby comes on and off the breast frequently during the feed, or refuses to breastfeed	
No change in sucking pattern, or noisy feeding (e.g. clicking) *	
Baby consistently feeds for less than 5 minutes or longer than 40 minutes	
Baby does not release the breast spontaneously, mother removes baby	
Mother restricts baby to one breast per feed, or insists on two breasts per feed	
Baby unsettled after feeding	
Misshapen or pinched at the end of feeds	
Nipples sore or damaged; engorgement or mastitis	
Yes (state which) Ask why: Difficulty with attachment? Baby not growing? Baby unsettled?	

at other times:

Feed frequency:

Day 1 at least 3-4 feeds Sucking pattern, swallows may be less audible until milk comes in day 3-4

Appendix 2: COMMONLY USED INFANT FORMULA MILKS

IMPORTANT: Infant formulas change names and formulation from time to time. This information is current at May 2012. Seek advice from a health professional if you have any queries.

Type of formula	Suitable for	Examples
<p>Whey based formula (First milks)</p> <p>These are based on the whey of cow's milk. They are more easily digested than other types of formula milks as they are the most similar to breast milk. They may show the number '1' or be labelled 'first milk'</p>	<p>Suitable from birth and can be used until 12 months.</p> <p>Has added vitamins and minerals to meet infant requirements for growth and development.</p> <p>From 12 months of age ordinary full fat cow's milk can be given.</p>	<p>Cow and Gate 1 SMA First Infant Milk Aptamil First Hipp Organic Infant Milk</p>
<p>Casein based formula (Second milks)</p> <p>These are based on the curd of cow's milk and take longer for babies to digest. They may show the number '2', be labelled second milks or for 'hungrier babies'.</p>	<p>Suitable from birth but not generally recommended in Bradford.</p> <p>There is no evidence that babies are more satisfied or sleep longer with these milks.</p> <p>However it may be preferable to change to a casein based formula rather than introduce solids early.</p>	<p>Cow and Gate 2 SMA Extra Hungry Infant Milk Aptamil Hungry Milk Hipp Organic Second Infant Milk</p>
<p>Follow-on formula</p> <p>These have higher levels of protein, iron, other minerals and vitamins than infant milks designed for use from birth. They may be labelled with the number '3'</p>	<p>Suitable from 6 months but not generally recommended in Bradford.</p> <p>By the age of 6 months extra nutrient requirements should be met from weaning foods.</p> <p>Follow on milks may be useful beyond the age of 1 year to help prevent iron deficiency if the weaning/early toddler diet is of poor quality or the child is otherwise at high risk</p>	<p>Cow and Gate 3 SMA Follow-on Milk Aptamil Follow-on Hipp Organic Follow-on</p>

Type of formula	Suitable for	Examples
<p>Growing-up milks and toddler milks</p> <p>These have higher levels of micro-nutrients than cows' milk - such as vitamins A, C and D, iron and zinc.</p> <p>These formulas generally contain more sugar than cow's milk and less calcium. Some also contain vanilla flavouring.</p>	<p>Suitable from 12 months of age but not recommended in Bradford.</p> <p>By the age of 12 months toddlers should obtain the majority of their nutrient requirements from a variety of foods and full-fat cows' milk is a suitable choice for drinks from this age.</p>	<p>Aptamil Growing Up Milk Cow & Gate Growing Up Milk Hipp Organic Growing Up Milk SMA Toddler Milk</p>
<p>Soya based formula</p> <p>These are made from soya not cow's milk and so are free from cow's milk protein and lactose.</p>	<p>Suitable only from 6 months as they contain high levels of a chemical called phytoestrogen, which may distort hormonal balance. Babies who are sensitive to cow's milk may also be sensitive to soya.</p> <p>A soya based formula would be the only choice when a vegan formula is required and mum is not breastfeeding. Soya formula is also recommended for galactokinase and galactosaemia conditions.</p> <p>Soya formula should only be used on the recommendation of a health professional.</p>	<p>SMA Wysoy Cow and Gate InfaSoy</p>
<p>Goat's milk-based formula</p> <p>Infant formula based on goat's milk.</p>	<p>Under UK regulations this is NOT approved for babies under the age of one year old.</p>	

Type of formula	Suitable for	Examples
<p>Pre-thickened formula Designed to thicken on reaching the stomach.</p>	<p>Suitable for use from birth.</p> <p>Suitable for babies with significant reflux. Parents/carers should seek advice from their health visitor.</p> <p>Standard infant formula can have a thickener added for infants with reflux. This is only available on prescription. Seek advice from a health professional.</p>	<p>Enfamil AR SMA Staydown</p>
<p>Modified formulas for minor digestive problems</p> <p>Slightly modified for babies suffering minor digestive problems such as colic and constipation.</p>	<p>Fat and protein content is modified and other products are added such as pre-biotics and thickeners.</p> <p>The evidence for their use is based on limited research with small numbers of infants.</p>	<p>Aptamil Comfort Cow and Gate Comfort</p>

Formulas available on prescription only

Specialist formulas are available on prescription for: pre-term babies; infants with lactose intolerance, milk intolerance or cow's milk allergy; mal-absorption conditions; infants requiring high energy formula for faltering growth. Parents/carers should seek advice from a health care professional in these cases.

IMPORTANT: Infant formulas change names and formulation from time to time. This information is current at May 2012. Seek advice from a health professional if you have any queries.

Appendix 3 Management of Common Problems in Bottle – fed babies

<p>Possetting Effortless regurgitation of small quantities of milk.</p>	<ul style="list-style-type: none"> • Check teat hole is not too large or too small. • Avoid shaking feed vigorously as air is trapped and then swallowed. • Check feeding position – see above. • Try a more upright feeding position to encourage air to pass. • Remove teat from baby's mouth periodically to stop it collapsing as baby will then gulp air. • Try a bottle with collapsible disposable bag interior or one with an internal air vent to prevent a vacuum when feeding. • Check volume of feed given is not excessive. Try smaller, more frequent feeds. • Seek advice from Health Visitor about trying a pre-thickened formula or feed thickener.
<p>Colic Acute abdominal pain, common between age of 3 weeks and 3-4 months.</p>	<ul style="list-style-type: none"> • Check baby is not hungry or thirsty. • Increase frequency of feeds and use a pacifier. • Minimise the amount of air introduced into the bottle and check feeding position – see above. • Try an anti-colic teat. • Try carrying and rocking baby gently, relax baby by giving a warm bath or gently rubbing the abdomen. • Seek advice from Health Visitor about trying a different formula.
<p>Constipation Infrequent passage of hard pellet-like stools.</p>	<ul style="list-style-type: none"> • Check feed is not over-concentrated • Offer a little cooled boiled water at intervals.
<p>Inadequate weight gain Downward deviation in weight centiles and marked discrepancy between weight and length centiles.</p>	<ul style="list-style-type: none"> • Check feeds are made up using correct quantity of powder to water. • Ensure feeds are offered at regular intervals as appropriate for age. • Check overall volume of feed is adequate. • Seek advice from Health Visitor about possibility of intolerance to component of formula milk. • Seek advice from Health Professional about faltering growth
<p>Excessive weight gain Marked upward deviations in weight centiles, weight greater than 99.6th centile.</p>	<ul style="list-style-type: none"> • Check feeds are made up correctly, are not over-concentrated and offered at intervals appropriate for age. • Check volume of feed is appropriate. • Check other foods such as rusk, cereal or sugar are not being added to the bottle.

