

UNICEF UK BABY FRIENDLY INITIATIVE: MAXIMISING BREASTMILK AND SUPPORTING RE-LACTATION

CARE OF ALL MOTHERS WHO ARE WISHING TO MAXIMISE THEIR BREASTMILK USE AND/OR RE-LACTATE

- Have a sensitive conversation to establish goals and take a breastfeeding history (use [breastfeeding assessment tool](#) where appropriate)
- Revisit [positioning and attachment](#)
- Monitor baby's [stool and urine output](#)
- Promote and encourage ongoing [skin-to-skin](#) contact to boost hormonal response
- Consider [breastmilk expression](#) by hand/pump
- Explain importance of [night feeds](#), keeping baby close and the impact of dummies
- Support [responsive feeding](#) irrespective of feeding method.

ADDITIONAL CARE FOR MOTHERS WHO ARE:

PARTIAL BREASTFEEDING (MIXED FEEDING)

- Maintain the number of breastfeeds as this will help to sustain lactation
- Avoid increasing the number of formula feeds
- Keep formula feeds to roughly the same time every day
- Let the mother know it is possible to return to full breastfeeding should she wish.

REDUCING SUPPLEMENTATION / RETURNING TO FULL BREASTFEEDING

- Review reason for supplementation (e.g. clinical concern or mother's choice)
- Encourage frequent and responsive feeds – breast compressions or switch nursing may help
- Encourage breast massage and expressing
- Gradually replace infant formula with expressed breastmilk/breastfeeding
- If supplementing after every feed, consider giving larger and less frequent supplements and then withdraw these gradually as lactation increases
- Keep formula feeds to roughly the same time every day
- Maintain regular clinical assessments
- Refer to an Infant Feeding Specialist if required.

WISHING TO RE-LACTATE WHEN BREASTFEEDING HAS STOPPED

- Re-lactation is generally possible and worth trying even if a return to full breastfeeding is not always achievable
- Review reason breastfeeding was stopped and when (re-lactation is easier in the first few months and if breastfeeding was well-established initially)
- Review current medication (e.g. oral contraceptive pill)
- Start actions to increase hormonal response (e.g. skin-to-skin, nuzzling at the breast and breast massage)
- Encourage breast massage and hand/pump expressing (8-10 times in 24hrs – cluster pumping may help)
- Encourage frequent breastfeeds, including having the baby at the breast whilst pumping (consider night feeds, breast compression and switch nursing)
- Offer ongoing reviews and emotional support as re-lactation may take several weeks
- Refer to an Infant Feeding Specialist if required
- Consider use of a supplementer or galactagogues.

NOTES AND USEFUL RESOURCES

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- If the mother has been giving small amounts of formula it may be possible to revert to breastfeeding immediately. Let her know that her baby may feed more frequently.
- If the mother has been giving large volumes of formula it is important to only gradually reduce this whilst working to increase the milk supply.
- [Urine and stool output](#) are particularly important markers that the baby is receiving enough milk intake to ensure safety.

USEFUL RESOURCES

- Telephone support for parents: [National Breastfeeding Helpline](#) 0300 100 0212 from 9:30am-9:30pm, 7 days a week. Live online support via [web chat](#).
- [Unicef UK Baby Friendly Initiative](#), [Association of Breastfeeding Mothers](#), [Breastfeeding Network \(BFN\)](#) – [domperidone and breastfeeding](#), [BFN](#) – [increasing milk supply](#), [BFN](#) – [anxiety and breastfeeding](#), [Kelly Mom](#), [La Leche League \(LLL\)](#) – [formula supplements](#), [LLL](#) – [at breast supplementers](#)