

### TOOLS FOR SUPPLEMENTING BREASTFEEDING

*On-breast supplementers, finger-feeding, bottle-feeding and oh so much more.*

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### DISCLOSURES

I have written a book *Breastfeeding Without Birthing* and receive royalties on its sales.

I co-host a podcast  *BREASTFEEDING WITHOUT BIRTHING* ON EGG.  
Sponsors cover the cost of the podcast.

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### INCLUSIVE LANGUAGE

I am aware that there are many ways to be and become a family. As part of that, I understand that not every nursing parent identifies as "mother". I have attempted to be inclusive in my language to the best of my ability. Please don't hesitate to kindly let me know how I may do better.

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### INCLUSIVE LANGUAGE

I am also aware that most of my photos do not represent the wide diversity of nursing parents. I am always working towards broadening representation in my photos, and realize I have a long way to go.



MILK 200  
www.milk200.com

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### PRESENTATION OVERVIEW

- Why might supplementation be necessary
- How much to supplement
- What to supplement with
- Tools for supplementation
  - AI-breast supplementers, finger-feeders, bottle-feeding, and more



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www.milk200.com

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### WHY SUPPLEMENT BREASTFEEDING?



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### WHAT IS SUPPLEMENTATION?

Supplementation refers to supplementing (direct) breastfeeding with additional milk or formula when needed.



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### WHY MIGHT SUPPLEMENTATION BE NEEDED?

- For a baby having difficulty with latching and transferring milk effectively
- Inducing lactation or relactation
- Insufficient glandular tissue (IGT) or other physiological or hormonal causes of low milk production
- Breast surgery, usually breast reduction surgery
- Illness or medication incompatible with breastfeeding



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### WHY MIGHT SUPPLEMENTATION BE NEEDED?

- Emotional barriers to breastfeeding
  - Cultural biases
  - Lack of emotional support from partner, grandparents, friends
  - History of sexual abuse
  - History of abortion
  - Gender dysphoria



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### WHY MIGHT SUPPLEMENTATION BE NEEDED?

- Temporary setback with breastfeeding
  - Mastitis
  - Nursing parent separated long-distance from baby and unable to bank milk beforehand or ship her milk while she is gone
  - Emergency or crisis situations
- Lack of information or professional support for breastfeeding



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### HOW MUCH TO SUPPLEMENT?



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### HOW MUCH DOES A BABY NEED EACH DAY?

Typical milk intake can be calculated by baby's weight or age.



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### HOW MUCH DOES A BABY NEED EACH DAY?

**By weight:**

Typical milk intake per day is about 2.5 ounces per pound up to 10 pounds. For babies more than 10 pounds, milk intake is 25-30 ounces per day.



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### HOW MUCH DOES A BABY NEED EACH DAY?

AGE	TYPICAL MILK INTAKE PER DAY
Day 1	1 ounce
Day 2	4 ounces
Day 3	11 ounces
Day 4	12 ounces
Day 6	17 ounces
Day 8	18 ounces
Day 10	19 ounces
Day 15	20 ounces
Day 30	24 ounces

**By age:**

At day 30 milk production plateaus, increasing from about 24 ounces at 1 month to 30 ounces at 6 months. After 6 months when solids are introduced, less milk is needed.



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### HOW MUCH DOES A BABY NEED EACH DAY?

Thus, a "full milk supply" is 25-30 ounces per day, but baby doesn't require this amount of milk until about 1 month of age.



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### HOW MUCH DOES A BABY NEED EACH FEEDING?

Baby's age	Normal intake During a feeding
3 days	1 oz.
1 week	1.5 oz.
2 weeks	2 - 2.5 oz.
1 - 6 months	3 - 4 oz.

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Allied Health III - 9/15  
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### HOW MUCH TO SUPPLEMENT?

If baby is not being fed directly from the parent's breasts/chest, then it's easy. The parent knows how much she is expressing over the course of the day. She can subtract that amount from the typical milk intake for her baby's age/weight to determine how much milk/formula to provide to baby in a feeding and over the course of the day.

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### HOW MUCH TO SUPPLEMENT?

If the parent is nursing her baby, then it can be a bit more tricky.

- Watch baby's signs they are getting enough: weight, diaper output, and hunger cues.
- Estimate milk intake while breastfeeding.
- Supplement in a way that allows baby to control the feeding.



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## HOW MUCH TO SUPPLEMENT?

Watch baby carefully for signs they are getting enough.

- Weight
- Diaper output
- Hunger cues

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## HOW MUCH TO SUPPLEMENT?

**Weight**  
Weight is usually the most accurate indicator of milk intake.

Age	Normal Weight Gain Per lb. of Birthweight Gained
Birth to 4 days	Lose up to 10% of birth weight
14 days	Return to birth weight
14 days to 4 months	5 to 8 ounces per week
4 to 6 months	4 to 6 ounces per week
6 to 12 months	2 to 4 ounces per week

[Halegan, 2015]

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Birth weight is typically the first weight taken after birth, but if birthing parent received intravenous fluids during labor, then consider the weight at 24 hours as the adjusted birth weight, since by then your baby will have urinated those excess fluids. After day 10, the weight gain is measured by the baby's low weight which is usually on day 3 or 4.

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## HOW MUCH TO SUPPLEMENT?

**Diaper Output**  
During the newborn period, baby's output is a good indicator of milk intake.

Age	Normal Output
1 day	1 Black Tarry stool
2 day	Some green stool
4 day	4 stools yellow to orange
5 days to 4 weeks	3-5 stools yellow to orange
4 weeks to 6 months	Varies - some 8-10 stools per day or every other day

[Halegan, 2015]

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### HOW MUCH TO SUPPLEMENT?

#### Hunger Cues

Baby should be content after feeding. If baby is fussy after feeding or excessively sleepy, this could be a sign they aren't getting enough. (Note: There are several other causes of fussiness or sleepiness in babies.)  
A baby who is "feeding constantly all day long" may also not be getting enough.



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### HOW MUCH TO SUPPLEMENT?

Watch baby carefully for signs they are getting enough.

If weight, diaper output, or hunger cues indicate baby is not getting enough, then increase supplementation.

If weight, diaper output, or hunger cues indicate baby is getting enough (or more than enough), then gradually decrease supplementation, continuing to carefully observe signs.

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### HOW MUCH TO SUPPLEMENT?

#### Estimate Milk Intake while Breastfeeding

**Weighted Food.** Your baby's milk intake while breastfeeding can be measured by weighing them on a scale specifically designed for this purpose (sensitive to 2 grams) before and after feeding.

**Pumping Output.** Subtract the difference between the typical amount expressed after breastfeeding from the amount typically expressed at a missed breastfeeding. This difference is an estimate of the amount of milk intake while breastfeeding.

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### HOW MUCH TO SUPPLEMENT?

**Estimate Milk Intake while Breastfeeding**

Subtract baby's estimated milk intake during a feeding from the typical milk intake per feeding for a baby their age. This amount may be used as a starting amount to supplement on average per feeding. Continue to watch baby's signs (see previous slides) that they are getting enough, and adjust amount as needed.

Baby's Age	Normal Milk Intake at Feeding
3 days	1 oz.
1 week	1.5 oz.
2 weeks	2 - 2.5 oz.
1 - 6 months	3 - 4 oz.

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### HOW MUCH TO SUPPLEMENT?

**Supplement in a way that allows baby to control the feeding.**

If the parent is supplementing in a way that allows baby to control the feeding – this happens naturally with breastfeeding and finger-feeding, and can be simulated with bottle-feeding (using The Kassing Method) – baby should not get more supplement than needed.

**Tip:** If baby indicates they are finished with the feeding and they have not finished all of the milk in the device, this milk can be stored in the refrigerator until the next feeding. If you are supplementing with formula, however, any unused formula from a feeding should be discarded.

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### SUPPLEMENTING MORE THAN NECESSARY

**Spaced Out Feedings**

If baby is cuing to feed less frequently than every 2-3 hours during the day and every 4-5 hours during the night, parent may breastfeed more frequently and supplement less per feeding.

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**SUPPLEMENTING MORE THAN NECESSARY**

Consider Breastfeeding Frequency and Breast Storage Capacity

Breast storage capacity can vary from parent to parent. Parents with a smaller breast storage capacity can help compensate for a smaller capacity by breastfeeding more often.

(Mottet et al., 2012)  
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**SUPPLEMENTING MORE THAN NECESSARY**

Consider Breastfeeding Frequency and Breast Storage Capacity

*Example:*  
A medium breast storage capacity may be 3.75 oz. In order for baby to drink enough milk, he will need to nurse about 8 times per day.  
(3.75 oz \* 8 times = 30 oz.)  
My baby nursed on demand 14 times per day without supplementation. My breast storage capacity was very small, about 2 oz. (2 oz \* 14 times = 28 oz.)

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**HOW TO DISTRIBUTE SUPPLEMENT?**

Do not substitute supplementation for providing parent's own milk. Parent needs to continue to nurse or pump at every feeding in order to maintain (and potentially grow) milk production. Supplementation may be spaced out across feedings.

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### HOW TO DISTRIBUTE SUPPLEMENT?

If baby needs to supplement less than about ¼ of their total intake, then parent probably won't need to supplement at every feeding. As always, parents may listen to their baby's cues for confirmation.

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### HOW TO DISTRIBUTE SUPPLEMENT?

Many parents find that they may not need to supplement during the night even though they need to supplement during the day.

**Why?** Because prolactin, the hormone responsible for milk production, naturally rises during sleep.

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### WEANING FROM SUPPLEMENTATION

If milk production grows faster than baby's needs, parent may be able to decrease the amount and frequency of supplementation.

First she may be able to eliminate middle-of-the-night supplementation!

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### WEANING FROM SUPPLEMENTATION

As a toddler gradually weans, their need for their parent's milk decreases. No matter how much milk a parent produces, eventually toddler's need will match her production and she will be able to continue nursing without supplementation.

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### WHAT TO SUPPLEMENT WITH?



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### WHAT TO SUPPLEMENT WITH

- Direct Breastfeeding
- Parent's own expressed milk
- Another parent's milk
- Infant formula

(World Health Organization, 2002)  
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### WHAT TO SUPPLEMENT WITH

• Parent's own expressed milk

- Milk expressed prior to baby's arrival
- Pump or hand express milk after, between, or in lieu of breastfeeding once baby arrives

World Health Organization, 2002  
New South Wales, 2015  
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### WHAT TO SUPPLEMENT WITH

• Another parent's milk

- Nonprofit milk bank
- Informal peer-to-peer milk sharing
- Milk expressed by birthing parent

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### WHAT TO SUPPLEMENT WITH

• Infant formula

- In adoption and foster care, continuing the same formula baby had been given, or as close as safely possible, may support baby's transition.

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**TOOLS FOR SUPPLEMENTATION**



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**TOOLS FOR SUPPLEMENTATION**

- Cup-feeding
- Spoon-feeding
- Special Needs feeder
- At-breast supplementers
- Finger-feeders
- Bottle-feeding
- Pacifiers

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**TOOLS FOR SUPPLEMENTATION**

<ul style="list-style-type: none"> <li>Cup-feeding</li> <li>Spoon-feeding</li> <li>Special Needs feeder</li> <li>At-breast supplementers</li> <li>Finger-feeders</li> <li>Bottle-feeding</li> <li>Pacifiers</li> </ul>	<p><i>Tools for short-term supplementation or babies with special needs</i></p> <hr style="width: 100%;"/> <p><i>Tools for long-term supplementation of healthy babies</i></p>
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## TOOLS FOR SUPPLEMENTATION

For each of these tools, we will discuss:

- What they are
- Why they might be helpful or not helpful
- Various brands\*
- Overcoming common challenges/obstacles and tips for success

\*Note: We will be discussing some brands that violate the World Health Organization's International Code for the Marketing of Breast-milk Substitutes (WHO Code). These brands will be denoted with the  symbol.



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## CUP-FEEDING



Cup-feeding is an alternative method of feeding that is unique because it does not involve sucking. Rather, baby sips or laps supplement when cup is tipped to the level of baby's lips.




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## CUP-FEEDING

**Why cup-feed?**

**Reason 1:** Offering a supplement without sucking means baby must meet their sucking needs elsewhere – hopefully at the breast!



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**CUP-FEEDING**

**Why cup-feed?**

**Reason 2:** In order to lap supplement, baby must extend their tongue, a skill needed to effective breastfeeding.



(MWH) (Feb. 2012)  
Patricia Schmalzer, MS, IBCLC  
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www.wic.gov (2012) (MWH) (Feb. 2012)

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**CUP-FEEDING**

**Why cup-feed?**

**Reason 3:** A parent can cup-feed using a special device designed for cup-feeding, but it can also be done with an everyday item such as a shot glass or medicine cup. A flexible cup seems to work best.



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**CUP-FEEDING**

**Why NOT cup-feed?**

**Reason 1:** Cup-feeding is very slow, so it is not generally the preferred choice for long-term supplementation.



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**CUP-FEEDING**

**Why NOT cup-feed?**

**Reason 2:** Cup-feeding tends to result in a lot of spillage which can be very disheartening for a parent struggling to produce milk and can make it difficult to determine how much baby is actually drinking.

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**CUP-FEEDING**

**Why NOT cup-feed?**

**Reason 3:** Cup-feeding does not meet baby's need to suck, which can help baby transition to breastfeeding but not meet baby's long-term needs.

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**CUP-FEEDING**

**(A few) types of infant feeding cups:**

- Foley cup
- Medicine cup
- Shot glass

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**CUP-FEEDING**

**Foley Cup**  
The Foley cup is a commercial cup-feeder. It is soft and pliable, and can be reused.



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**CUP-FEEDING**

**Foley Cup Advantages**  
The Foley cup is a soft, flexible cup with a small trough where a small bolus of supplement can be pooled. This design helps to regulate flow.

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**CUP-FEEDING**

**Foley Cup Disadvantages**  
The Foley cup is a specialty item that needs to be purchased.

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**CUP-FEEDING**

**Shot Glass**

This is what it sounds like, a small glass designed to hold or measure small amounts of liquor.



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**CUP-FEEDING**

**Shot Glass Advantages**

- A shot glass is small with some weight, facilitating slow and careful delivery of supplement.
- A shot glass is something parents may already have in their home, or they can obtain easily.

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**CUP-FEEDING**

**Shot Glass Disadvantages**

- A shot glass is not flexible.

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### CUP-FEEDING

**Liquid Medicine Cup**  
This is what it sounds like, a medicine cup used for liquid medicine usually for children.



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### CUP-FEEDING

**Liquid Medicine Cup Advantages**

- A liquid medicine cup is something parents may already have in their home, or they can obtain easily.
- A liquid medicine cup is flexible, allowing the parents to form a spout fitted to baby's small mouth.

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### CUP-FEEDING

**How to cup-feed:**  
Hold baby upright with arms held firmly or swaddled to their side. Cover baby with a bib or burp cloth to absorb spillage. Place cup against baby's lower lip and tip cup to the level of baby's lips. Allow baby to sip or lap supplement; do not pour supplement into baby's mouth.

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### SPOON-FEEDING



Spoon-feeding is very similar to cup-feeding, except that it tends to be used for delivering colostrum rather than mature milk or infant formula. Parent will hand express directly into the spoon and then baby sips or laps the colostrum from the spoon. A plastic spoon is often used in hospitals, but any spoon can be used.



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### SPOON-FEEDING

**Why spoon-feed?**

**Reason 1:** Providing expressed colostrum from a spoon supports milk production and feeds a newborn baby when they are unable to latch effectively. Parent is able to express directly into the device delivering the supplement, so supplement doesn't need to be transferred from one vessel to another.



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### SPOON-FEEDING

**Why spoon-feed?**

**Reason 2:** Offering a supplement without suckling means baby must meet their sucking needs elsewhere – hopefully at the breast! Sometimes baby is more alert and ready to latch at the breast after receiving some nutrition via spoon-feeding.



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**SPOON-FEEDING**

Why spoon-feed?

Reason 3: In order to lap supplement, baby must extend their tongue, a skill needed to effective breastfeeding.



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**SPOON-FEEDING**

Why spoon-feed?

Reason 4: A parent can spoon-feed using an item easily available at hospital or home – a teaspoon.



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**SPOON-FEEDING**

Why **NOT** spoon-feed?

Reason 1: Spoon-feeding is generally only effective for delivering colostrum because it is thick and there is very little of it.



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**SPOON-FEEDING**

**Why NOT spoon-feed?**

**Reason 2:** For a baby who is unable to effectively latch at the breast, spoon-feeding does not meet baby's need to suck.



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**SPOON-FEEDING**

**How to spoon-feed:**

Hold baby upright with arms held firmly or swaddled to their side. Support baby's head. Place spoon against baby's lower lip and tip spoon to the level of baby's lips. Allow baby to sip or lap supplement; do not pour supplement into baby's mouth.



(Mullbacher, 2012)  
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**SPECIAL NEEDS FEEDING**



Special needs feeding is for babies who are unable to effectively transfer milk or formula with breastfeeding or with any of the other supplementation tools. It may be helpful for babies with a cleft palate, very low muscle tone, or other feeding difficulties.



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### SPECIAL NEEDS-FEEDING

**Why use a special needs feeder?**

**Reason 1:** The special needs feeder may be the only tool that can effectively deliver supplement to babies with certain special needs.



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### SPECIAL NEEDS-FEEDING

**Why use a special needs feeder?**

**Reason 2:** Some breastfed babies who refuse bottles may be able to transition to bottle-feeding by first introducing the special needs feeder when they are asleep or sleepy.



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### SPECIAL NEEDS FEEDING

**Why **NOT** use a special needs feeder?**

**Reason 1:** A special needs feeder does not require baby to suck. For babies who are able to form suction and suck, this tool will not meet their sucking needs. This tool is only helpful for babies with special needs or as a temporary transitioning tool.



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## SPECIAL NEEDS FEEDERS

Types of special needs feeders  
 SpecialNeeds Feeder 



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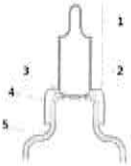
## SPECIAL NEEDS FEEDER

How to use a special needs feeder:

Assemble feeder: Fill bottle (5) with supplement. Put valve on valve plate (3).



Put bottle nipple (1,2) on collar (4). Attach these two assemblies with the valve facing in towards the bottle nipple. Screw this onto the bottle.



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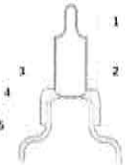
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## SPECIAL NEEDS FEEDER

How to use a special needs feeder:

Prepare feeder: Remove air from the bottle nipple by holding bottle upright and squeezing wide part of bottle nipple (2). Maintain compression while turning bottle nipple down, and then release compression so that bottle nipple fills with supplement. Repeat until bottle nipple filled.



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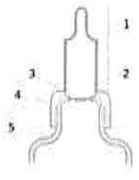
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### SPECIAL NEEDS FEEDER

**How to use a special needs feeder:**

**Feed baby:** Choose flow rate by aligning the flow markings on the side of the bottle nipple with baby's nose. As baby suckles, bottle nipple will refill. If baby continues to have difficulty feeding, compress the wide part of the bottle nipple (2) to squeeze supplement out. See YouTube video by Mandy Haberman.



(haberman, 2015)  
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### AT-BREAST SUPPLEMENTERS



At-breast supplementation has many advantages. It is likely to be a new idea for parents, and they may find it difficult to adjust to using.



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### AT-BREAST SUPPLEMENTERS

**Why supplement at breast?**

**Reason 1:** Some babies will not be willing to nurse without adequate flow of milk.

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**AT-BREAST SUPPLEMENTERS**

Why supplement at breast?

**Reason 2:** The entire feeding can happen at the breast, regardless of the amount of milk being produced. This simplifies feedings and reduces the risk of "nipple confusion/flow preference" that can happen with bottle-feeding..

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**AT-BREAST SUPPLEMENTERS**

Why supplement at breast?

**Reason 3:** When babies nurse using an at-breast supplementer, they stimulate milk production much more effectively than nursing from a breast with a slow flow of milk. Milk production can continue to grow without additional pumping.

(Dennis, 2008)

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**AT-BREAST SUPPLEMENTERS**

Why supplement at breast?

For these reasons, at-breast supplementation usually results in the best long-term breastfeeding outcomes when supplementation is needed.

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**AT-BREAST SUPPLEMENTERS**

Why **NOT** supplement at breast?

Reason 1: At-breast supplementation devices are more expensive than bottles.

Wendy K. Fisher MS, IBCLC  
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**AT-BREAST SUPPLEMENTERS**

Why **NOT** supplement at breast?

Reason 2: Using an at-breast supplementer can be difficult at first.

Wendy K. Fisher MS, IBCLC  
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**AT-BREAST SUPPLEMENTERS**

Why **NOT** supplement at breast?

Reason 3: Nursing in public with an at-breast supplementer may feel more difficult than with a bottle.

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### AT-BREAST SUPPLEMENTERS

(A few) types of at-breast supplementers

- Lact-Aid
- Supplemental Nursing System (SNS) ▲
- Homemade
- Hazelbaker FingerFeeder



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### AT-BREAST SUPPLEMENTERS

**Lact-Aid**

Lact-Aid is a commercial at-breast supplementer and was developed by an adoptive mother. It seems to be the favorite among parents.



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### AT-BREAST SUPPLEMENTERS

**Lact-Aid Advantages:**

- Disposable bags minimize the number of parts to be cleaned.
- Soft bag is much more comfortable against parent's chest than a hard bottle and more discreet in public.
- Body heat can warm supplement in bag.

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**AT-BREAST SUPPLEMENTERS**

**Lact-Aid Advantages:**

- Because this device does not rely on gravity, parent can nurse in a variety of positions including laid-back and lying down.
- Also because this device does not rely on gravity, it requires more effort from baby to draw the supplement thus better stimulating milk production.

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**AT-BREAST SUPPLEMENTERS**

**Lact-Aid Advantages:**

- Flow from the supplementer can be cut off so that baby can be latched with the feeding tube at the breast, but not receive a supplement until baby is no longer actively suckling without supplement.

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**AT-BREAST SUPPLEMENTERS**

**Lact-Aid Disadvantages:**

- More complicated to assemble than other devices.
- Ongoing cost of purchasing disposable bags.

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### AT-BREAST SUPPLEMENTERS

**Supplemental Nursing System (SNS)**

Supplemental Nursing System, more commonly known as the SNS, is another commercial at-breast supplementer.



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### AT-BREAST SUPPLEMENTERS

**Supplemental Nursing System (SNS) Advantages**

- Two feeding tubes eliminate the need to move tube from one side to the next. Or, with twins who need supplementation of less than about half their feeding, two feeding tubes allow the parent to use one device.
- Flow from the supplementer can be cut off so that baby can be latched with the feeding tube at the breast, but not receive a supplement until baby no longer actively suckling without supplement.

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### AT-BREAST SUPPLEMENTERS

**Supplemental Nursing System (SNS) Disadvantages**

- Because the supplement flows with gravity, supplement will flow even with a poor suck, the device will leak if not properly assembled and milk may continue to flow after baby has released the nipple.
- Tube at breast from which baby is not breastfeeding can be an enticement for an older baby to play.

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### AT-BREAST SUPPLEMENTERS

**Homemade**

A homemade at-breast supplementer can be simply made using a bottle and a 32" 5 French feeding tube with Luer lock.



Michelle Thomas, MS, WCCO  
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www.SweetBabyBreastfeeding.com

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### AT-BREAST SUPPLEMENTERS

**Homemade Advantages**

- Can be used with a bottle for a baby who is able to transfer milk/formula well, or with a syringe for a baby to needs help transferring.

Michelle Thomas, MS, WCCO  
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www.SweetBabyBreastfeeding.com

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### AT-BREAST SUPPLEMENTERS

**Homemade Disadvantages**

- While bottles are easily available, feeding tubes and syringes (30ml with Luer lock tip needed for cleaning) must be ordered from a medical supply company.
- Feeding tubes harden after about a week.

[MacDonald, 2016]  
Michelle Thomas, MS, WCCO  
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www.SweetBabyBreastfeeding.com

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### AT-BREAST SUPPLEMENTERS

**Hazelbaker FingerFeeder**

The Hazelbaker FingerFeeder is a commercial device designed for finger-feeding. However, it can also be used at the breast. The tubing is shorter than other supplementers and the parent can gently squeeze the milk container to cause supplement to flow if baby is unable to draw the supplement on their own. These attributes make it easier for baby to transfer supplement.



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### AT-BREAST SUPPLEMENTERS

**Hazelbaker FingerFeeder Advantages**

- Because it is easier for babies to transfer supplement from the Hazelbaker FingerFeeder than the other supplementers, it can be helpful for babies with certain types of latch problems.

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### AT-BREAST SUPPLEMENTERS

**Hazelbaker FingerFeeder Disadvantages**

- Because it is easier for babies to transfer supplement from the Hazelbaker FingerFeeder than the other supplementers, it is less effective at stimulating milk production.
- It has a smaller capacity (2 ounces) than the other supplementers.

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### AT-BREAST SUPPLEMENTERS

Challenges/obstacles when supplementing at breast include:

- Where to place the at-breast supplementer
- How to latch with an at-breast supplementer
- Getting rid of lumps of powdered formula

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### Where to place the at-breast supplementer




in cleavage



latching from a strap



on a nursing nipple



in strap of nursing bra/tank

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### AT-BREAST SUPPLEMENTERS

#### How to latch with an at-breast supplementer

Different approaches work for different babies

- Secure tubing in place first using medical tape, bandage, triangle of nursing bra/tank, or fingers. Then latch baby onto both breast and tubing.
- Latch baby first and slip tubing in the corner of baby's mouth directed towards the roof of their mouth.



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### AT-BREAST SUPPLEMENTERS

**Placing feeding tube in baby's mouth**

- Secure feeding tube so that tubing is aligned with baby's tongue as they latch.
- Insert feeding tube somewhere between the corner of baby's mouth and the middle of their upper lip (as in photo).



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### AT-BREAST SUPPLEMENTERS

**Getting rid of lumps of powdered formula**

Use a shaker bottle to mix formula. The wire shaker ball helps to more fully dissolve the powder.



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### AT-BREAST SUPPLEMENTERS

**Keys to success when supplementing at breast include:**

- Positive attitude
- Simplify effort
- Work with an IBCLC in person
- Partner support

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**AT-BREAST SUPPLEMENTERS**

**Positive attitude**

Using an at-breast supplementer can be frustrating at first. Parents can set a goal to give it two weeks before deciding whether at-breast supplementation will work for them.

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**AT-BREAST SUPPLEMENTERS**

**Positive attitude**

At-breast supplementation can become frustrating again as babies get older and become distracted with the tubing.



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**AT-BREAST SUPPLEMENTERS**

**Simplify Effort**

Purchase several at-breast supplementers, if parent is able. Pre-fill bags or bottles at the beginning of the day or before bed at night.



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**AT-BREAST SUPPLEMENTERS**

**Simplify Effort**

Prefill supplementers and keep in a cooler by bed for overnight or take with during the day when parent is on the go.



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**AT-BREAST SUPPLEMENTERS**

**Simplify Effort**

If the parent expects to be supplementing, she can practice using the at-breast supplementer before baby arrives by filling it with water, assembling, and cleaning it. If she sucks the water through the tubing, she can feel confident that baby will be able to receive supplemental milk/formula this way. Or, she can try her at-breast supplementer at the breast and have her partner suckle her (good for preparing the breasts for making milk, too!)

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**AT-BREAST SUPPLEMENTERS**

**Work with an IBCLC in Person**

Working with a professional to get started can be a huge help to parents. Or, if she knows of another parent who has used an at-breast supplementer, that could be even better!

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### AT-BREAST SUPPLEMENTERS

**Partner Support**

When we surveyed adoptive parents, partner support was by far the most important factor for success with at-breast supplementation. Partners can:

- Provide encouragement and support
- Seek resources for help
- Fill, assemble, and clean supplementer parts

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### FINGER-FEEDING



Finger-feeding has many advantages. It is likely to be a new idea for parents. It can be difficult to adjust to the idea of using a finger-feeder, even though it is a fairly easy technique to learn.

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### FINGER-FEEDING

**Why finger-feed?**

**Reason 1:** The flow from the finger-feeder is closer to the flow from the breast than the bottle.

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### FINGER-FEEDING

**Why finger-feed?**

**Reason 2:** Finger-feeding is skin-to-skin, it connects parent and baby at a very physical level, and enhances healthy attachment.



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### FINGER-FEEDING

**Why finger-feed?**

**Reason 3:** The baby is positioned in a very similar way to breastfeeding. One finger-feeding mother was mistaken for breastfeeding in public!



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### FINGER-FEEDING

**Why finger-feed?**

**Reason 4:** If the nursing parent is supplementing at breast, the non-nursing parent can finger-feed baby using the same exact device. This provides consistency for the baby and is an opportunity for the non-nursing partner to bond in a very special way.



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**FINGER-FEEDING**

Why finger-feed?

Reason 5: Finger-feeding is a mindset and a message: this is not a bottle-fed baby.



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**FINGER-FEEDING**

Why finger-feed?

Reason 6: Finger-feeding can be an assessment tool. Is baby suckling properly?



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**FINGER-FEEDING**

Why finger-feed?

Finger-feeding is "the closest thing to breastfeeding."



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**FINGER-FEEDING**

Why **NOT** finger-feed?

Reason 1: Finger-feeding can be slow.



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**FINGER-FEEDING**

Why **NOT** finger-feed?

Reason 2: Finger-feeding devices are more expensive than bottles.



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**FINGER-FEEDING**

Why **NOT** finger-feed?

Reason 3: Finger-feeding is a new skill to learn.



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**FINGER-FEEDING**

Why **NOT** finger-feed?

Reason 4: Finger-feeding in public is unexpected.



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**FINGER-FEEDING**

(A few) types of finger-feeders

- Lact-Aid
- Supplemental Nursing System (SNS) ▲
- Homemade
- Hazelbaker FingerFeeder

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**FINGER-FEEDING**

(A few) types of finger-feeders

- Lact-Aid
- Supplemental Nursing System (SNS) ←
- Homemade
- Hazelbaker FingerFeeder

Yes, these are exactly the same devices that are used for oral supplementation. If the nursing parent is using one of these for supplementing in breast, then using the same device for finger-feeding probably makes sense.

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### FINGER-FEEDING

**Lact-Aid**

Lact-Aid is a commercial at-breast supplementer and was developed by an adoptive mother. It seems to be the favorite among parents.



Lact-Aid, Lact-Aid MS, #174  
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### FINGER-FEEDING

**Lact-Aid Advantages:**

- Disposable bags minimize the number of parts to be cleaned.
- Soft bag is much more comfortable against parent's chest than a hard bottle and more discreet in public.
- Body heat can warm supplement in bag.

Lact-Aid, Lact-Aid MS, #174  
© 2017 Sweet Bag Breastfeeding Support

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### FINGER-FEEDING

**Lact-Aid Advantages:**

- Because this device does not rely on gravity, parent can finger-feed in a variety of positions including laid-back and lying down.
- Also because this device does not rely on gravity, it requires the same strong, active suckling from baby that is needed to stimulate milk production when nursing.

Lact-Aid, Lact-Aid MS, #174  
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**FINGER-FEEDING**

**Lact-Aid Disadvantages:**

- More complicated to assemble than other devices.
- Ongoing cost of purchasing disposable bags.

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**FINGER-FEEDING**

**Supplemental Nursing System (SNS)**

Supplemental Nursing System, more commonly known as the SNS, is another commercial at-breast supplementer that may also be used for finger-feeding.

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**FINGER-FEEDING**

**Supplemental Nursing System (SNS) Advantages**

- The SNS comes with feeding tubes in 3 different diameters. The larger tubing may be helpful for babies who aren't suckling effectively. The ability to gradually transition from faster to slower flow may be helpful for babies transitioning from the bottle.

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### FINGER-FEEDING

**Supplemental Nursing System (SNS) Disadvantages**

- Because the milk/formula flows with gravity, supplement will flow even with a poor suck, the device will leak if not properly assembled and milk may continue to flow after baby has released the nipple.
- Tube from which baby is not finger-feeding can be an enticement for an older baby to play.

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### FINGER-FEEDING

**Homemade**

A homemade finger-feeder can be simply made using a bottle and a 32" 5 French feeding tube with Luer lock.



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### FINGER-FEEDING

**Homemade Advantages**

- Can be used with a bottle for a baby who is able to transfer supplement well, or with a syringe for a baby who needs help transferring.

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**FINGER-FEEDING**

**Homemade Disadvantages**

- While bottles are easily available, feeding tubes and syringes (30ml with Luer lock tip needed for cleaning) must be ordered from a medical supply company.
- Feeding tubes harden after about a week.

[McDonald, 2016]  
 Hazelbaker, 2016, 2017  
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**FINGER-FEEDING**

**Hazelbaker FingerFeeder**

The Hazelbaker FingerFeeder is a commercial device designed for finger-feeding. The tubing is shorter than other supplementers and the parent can gently squeeze the milk container to cause supplement to flow if baby is unable to draw the supplement on their own. These attributes make it easier for baby to transfer supplement.



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**FINGER-FEEDING**

**Hazelbaker FingerFeeder Advantages**

- Because it is easier for babies to transfer supplement from the Hazelbaker FingerFeeder than the other supplementers, it can be helpful for babies with certain types of latch problems.

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### FINGER-FEEDING

**Hazelbaker FingerFeeder Disadvantages**

- Because it is easier for babies to transfer supplement from the Hazelbaker FingerFeeder than the other supplementers, it may less effective at training baby to actively and strongly suck while nursing.
- It has a smaller capacity (2 ounces) than the other supplementers.

Wendy Murray MS, RCP  
© 2017 Supplemental Breastfeeding Source

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### FINGER-FEEDING

**(A few) types of finger-feeders**

Lact-Aid	←	<i>The Lact-Aid and the Homemade (with bottle) finger-feeders are most likely the best choices for babies who are able to nurse well.</i>
Supplemental Nursing System (SNS)	←	
Homemade	←	
Hazelbaker FingerFeeder	←	

Wendy Murray MS, RCP  
© 2017 Supplemental Breastfeeding Source

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### FINGER-FEEDING

**(A few) types of finger-feeders**

Lact-Aid		<i>The Homemade (with syringe) and the Hazelbaker finger-feeders are most likely the best choices for babies who have difficulty nursing effectively, either because they have been bottle-fed or for other reasons.</i>
Supplemental Nursing System (SNS)		
Homemade	←	
Hazelbaker FingerFeeder	←	

Wendy Murray MS, RCP  
© 2017 Supplemental Breastfeeding Source

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### FINGER-FEEDING

Challenges/obstacles when supplementing with a feeding tube at the finger include:

- Where to place the feeding tube
- Which finger to use
- Getting rid of lumps of powdered formula

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### FINGER-FEEDING

Where to place your feeding tube:



Hold with your thumb



Place to your finger

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### FINGER-FEEDING

Which finger to use

Use the largest finger that is comfortable, usually the index or middle finger. This is to encourage a wide gape around the finger as is needed for a comfortable, effective latch at the breast.



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**FINGER-FEEDING**

**Getting rid of lumps of powdered formula**

Use a shaker bottle to mix formula. The wire shaker ball helps to more fully dissolve the powder.



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**FINGER-FEEDING**

**Keys to success when supplementing with finger-feeding include:**

- Positive attitude
- Simplify effort
- Work with an IBCLC in person
- Partner support

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**FINGER-FEEDING**

**Positive attitude**

Using a finger-feeder can take a while to get used to. Parents can set a goal to give it two weeks before deciding whether finger-feeding will work for them.



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### FINGER-FEEDING

**Positive attitude**

Older babies may be less interested in sucking on a finger.



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### FINGER-FEEDING

**Simplify Effort**

Purchase several finger-feeders, if parent is able. Pre-fill bags or bottles at the beginning of the day or before bed at night.



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### FINGER-FEEDING

**Simplify Effort**

Prefill finger-feeders and keep in a cooler by your bed for overnight or take with during the day when you are on the go.



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**FINGER-FEEDING**

**Simplify Effort**

If the parent expects to be supplementing, she can practice using the finger-feeder baby arrives by filling it with water, assembling, and cleaning it. If she sucks the water through the tubing, she can feel confident that baby will be able to receive extra milk/formula this way. Or, she can have her partner suckle her finger to build confidence with finger-feeding.

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**FINGER-FEEDING**

**Work with an IBCLC in Person**

Working with a professional to get started can be a huge help to parents. Or, if the parents know of another parent who is finger-feeding her baby, that could be even better! The new parents might be able to observe finger-feeding – possibly even give it a try with the other parent's baby!

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**FINGER-FEEDING**

**Partner Support**

Partner support can be a vital key to success with finger-feeding. Partners can:

- Provide encouragement and support
- Seek resources for help
- Fill, assemble, and clean finger-feeder parts
- Share the role of finger-feeding with their partner, or finger-feed when their partner is not nursing.

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### BOTTLE-FEEDING



We are all familiar with bottle-feeding. This lesson focuses on a particular method of bottle-feeding that was developed to support and reinforce skills needed to breastfeed comfortably and effectively. It almost always eliminates confusion between bottle and breast.



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### BOTTLE-FEEDING

Why supplement with bottles?

**Reason 1:** In developed countries, we are very familiar with bottles. It is the only supplementation method that is not likely to feel very new and unknown.



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### BOTTLE-FEEDING

Why supplement with bottles?

**Reason 2:** Bottles can be inexpensive relative to other tools for supplementation. They are easy to find in stores.



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**BOTTLE-FEEDING**

Why supplement with bottles?

**Reason 3:** Bottles have few parts and are easier to clean than other tools used for supplementation.



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**BOTTLE-FEEDING**

Why supplement with bottles?

**Reason 4:** People are accustomed to seeing bottle-feeding in public.



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**BOTTLE-FEEDING**

Why **NOT** supplement with bottle-feeding?

**Reason 1:** Using bottles may cause 'nipple confusion' or 'flow preference', which refers to a situation in which a baby will have difficulty (or more difficulty) breastfeeding once a bottle is introduced. These difficulties occur because the way we typically bottle-feed encourages very different suck and accustoms baby to a very different flow than breastfeeding does.



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**BOTTLE-FEEDING**

**The Kassing Method of Bottle-Feeding**

Lactation consultant Dee Kassing, IBCLC recognized this issue and developed a method of bottle-feeding that makes bottle-feeding more like breastfeeding. Rather than make breastfeeding more difficult, The Kassing Method of bottle-feeding can reinforce good breastfeeding techniques. Some parents have even called it "breastfeeding therapy."



[Kassing, 2002]  
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**BOTTLE-FEEDING**

**Types of bottles recommended for The Kassing Method of bottle-feeding**

Dr. Brown's premie or level 1 standard-width 



[Kassing, 2002]  
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**BOTTLE-FEEDING**

**The Kassing Method: The bottle nipple**

Choose a traditional bottle nipple with a narrow base that the baby can take into their mouth up to or very close to the collar. Use a slow flow nipple.

  
Dr. Brown's standard width  
premie or level 1

[Kassing, 2002]  
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### BOTTLE-FEEDING

This bottle nipple is deep in baby's mouth with a wide gape around it.



These bottle nipples are shallow in baby's mouth with a narrow gape around it.



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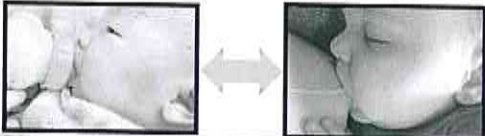
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### BOTTLE-FEEDING

How does this mimic good breastfeeding? A comfortable and effective breastfeeding latch takes the nipple deeply into baby's mouth, resulting in a wide gape around the nipple.



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### BOTTLE-FEEDING

How does this mimic good breastfeeding? Breastfeeding is typically slow flow.

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### BOTTLE-FEEDING

**The Kassing Method: The baby's position**

Baby is in an upright position during bottle-feeding.



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### BOTTLE-FEEDING

*How does this mimic good breastfeeding?*

When baby is upright, the bottle can be comfortably positioned horizontally which slows the flow and allows baby to control the feeding



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### BOTTLE-FEEDING

**The Kassing Method: A Wide Gape**

Encourage the baby to open wide before inserting the nipple gently into their mouth. Gently twist the bottle in baby's mouth which helps to flange baby's lips and encourages baby to take the bottle into their mouth more deeply.

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### BOTTLE-FEEDING

*How does this mimic good breastfeeding?* A comfortable and effective breastfeeding latch takes the nipple deeply into baby's mouth, resulting in a wide gape around the nipple.



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### BOTTLE-FEEDING

**The Kassing Method: Position the bottle**

Once nipple is in baby's mouth, tip the base of the bottle down. Wait for baby to suckle 6-7 times before moving bottle to a horizontal position. Once bottle is horizontal, keep the supplement at a level that just covers the hole in the nipple, filling the bottle nipple just over half full.



[Kassing, 2002]  
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### BOTTLE-FEEDING

*How does this mimic good breastfeeding?*

Baby must suck at the breast several times before the milk begins to flow. This is called eliciting the milk ejection reflex.

When baby is upright and bottle is horizontal, baby rather than gravity does all the work in transferring supplement from the bottle – just as baby must do all the work of transferring milk from the breast.

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**BOTTLE-FEEDING**

**The Kassing Method: Face baby in both directions**

Allow the baby to face one direction during some bottle-feedings, and the other direction at other feedings.

*How does this mimic good breastfeeding?*

When a baby breastfeeds from both breasts, they face both directions.

(Kassing, 2002)  
 Susan Kassing MS, IBCLC  
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**BOTTLE-FEEDING**

**A note about "paced bottle-feeding"**

Some experts recommend paced bottle-feeding: Anytime baby indicates distress, either tip the bottle down slightly so that the milk/formula runs out of the bottle nipple or gently remove the bottle from the baby's mouth to give baby a break. Paced bottle-feeding is generally not necessary with The Kassing Method unless the baby is preterm or has a feeding difficulty.

(Kassing, 2002)  
 Susan Kassing MS, IBCLC  
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**BOTTLE-FEEDING**

The Kassing Method tends to result in baby swallowing of much less air than traditional bottle-feeding techniques. It puts baby in control of the feeding, eliminating overwhelm and overfeeding.

The Kassing Method may be the preferred method of bottle-feeding for almost any baby, whether that baby is nursing or not.

(Kassing, 2002)  
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### BOTTLE-FEEDING

Some babies may need to transition to The Kassing Method of bottle-feeding. As always, we want to meet each baby where they are, and then gradually and lovingly encourage them to move towards this method of bottle-feeding as they are ready.

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### BOTTLE-FEEDING

Bottle-feeding can be done fully clothed or skin-to-skin. Bottle-feeding skin-to-skin supports a healthy connection between baby and parent, and can help some bottle-fed babies transition to the breast by creating a positive association with the breast.



The Kassing method of bottle-feeding is recommended whether skin-to-skin or not.

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### BOTTLE-FEEDING

Working with a professional to get started can be a huge help to parents. Or, if the parents know of another parent who is bottle-feeding using The Kassing Method, that could be even better! The new parents might be able to observe bottle-feeding this way – possibly even give it a try with the other parent's baby!

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**PACIFIERS**



It is easy to forget that pacifier use is another way of supplementing breastfeeding. Rather than delivering supplement, though, it is a substitute for comfort nursing.



Wendy's, Wendy's logo, Wendy's, Wendy's logo, Wendy's, Wendy's logo

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**PACIFIERS**

**Why use a pacifier?**

**Reason 1:** A pacifier can give the nursing parent a break when babies have a greater need to suck.



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**PACIFIERS**

**Why use a pacifier?**

**Reason 2:** A pacifier can be used when baby is not latching at the breast or when baby is separated from nursing parent.



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## PACIFIERS

**Why NOT use a pacifier?**

Reason 1: When a nursing parent is not producing enough milk to meet her baby's needs, does she want to further supplement with a pacifier?



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
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## PACIFIERS

**Types of pacifiers**

- Soothies 
- Dr. Browns 



A cylinder-shape pacifier is recommended which encourages a wider gape, such as what is needed for a good breastfeeding latch.

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## MY CONTACT INFORMATION

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**Make breastfeeding  
 more like bottle-feeding**

www.SweetRealBreastfeeding.com  
 Home to both the Breastfeeding Outside the Box podcast [www.BreastfeedingOutsideTheBox.com](http://www.BreastfeedingOutsideTheBox.com)  
 and the resource page for Breastfeeding Without Birthing [www.BreastfeedingWithoutBirthing.com](http://www.BreastfeedingWithoutBirthing.com)



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