

Supplemental Feeding Guidelines for Healthy Term Newborns

*These recommendations are **not intended for preterm or unwell infants.***

When is a Supplemental Feed Needed?

For healthy, full-term infants, it is recommended to **avoid routine early supplementation unless medically indicated**. Early supplementation can interfere with a newborn's natural feeding instincts and their need to suck and feed frequently.

Frequent feeding (sometimes **every 1–2 hours**) is normal in the first few days after birth. This frequent feeding helps signal the lactating parent's body to transition from producing **colostrum to mature milk**, which typically occurs **2–5 days postpartum**.

Medical indications for supplemental (“top-up”) feeds

- 1. Excessive weight loss or slow weight gain**
Infants normally lose weight (up to 10% of birthweight) during the first **3–5 days after birth** and regain birthweight by 14 days. If weight loss occurs too quickly, exceeds expected limits, or weight gain is slow, supplemental feeds may be recommended while breastfeeding continues.
 - 2. Jaundice**
Jaundice commonly peaks around **3–5 days postpartum**. If bilirubin levels are rising quickly or nearing the level requiring treatment (phototherapy), supplemental feeds may be recommended while breastfeeding continues. Feeding more can help clear jaundice through increased stools.
 - 3. Low blood sugar (hypoglycemia)**
Some infants have risk factors that increase the chance of low blood sugar (such as Gestational Diabetes in the mother). If blood sugar levels are low, supplemental feeding may be recommended while breastfeeding continues.
 - 4. Low urine output**
Wet diapers help assess intake, if not meeting these daily expected wet diapers, supplementation may be recommended while breastfeeding continues. Expected minimum wet diapers include:
 - **Day 1:** at least 1 wet diaper
 - **Day 2:** at least 2 wet diapers
 - **Day 3:** at least 3 wet diapers
 - **Day 4-6 and onward:** about **6–8 wet diapers per day**
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How to Give Supplemental Feeds

If supplemental feeds are recommended:

- **Continue offering both breasts** at each feeding prior to any supplemental feed.
- The supplemental feed can be given **after breastfeeding or while the infant is latched**.

Your healthcare team will guide you on **how much supplement to give**, based on your baby's age and weight. The volume will vary widely based on your baby's weight and should be calculated for your baby.

Supplemental feeds can be given using:

- A **syringe**
- A **small medicine cup**
- A **spoon**
- A **curved syringe or at-breast supplemental feeding system**

To support direct breastfeeding, it is recommended to **avoid early introduction of bottle nipples when possible**.

What to Give for a Supplemental Feed

There are several options if supplemental feeding is needed.

1) Expressed breast milk or colostrum (preferred)

Your **own expressed breast milk or colostrum is the best option** for your baby.

After breastfeeding, you can:

- **Hand express colostrum** and give it to your baby
- Use **previously frozen antenatal colostrum**, if available

2) Donor human milk

Donor human milk may be available in some hospitals, communities, or through local pharmacies.

Donor milk is:

- **Screened for donor health and safety**
- **Pasteurized and tested**
- **Frozen for storage**

It is the **closest alternative to a lactating parent's own milk**. However, donor milk can be expensive due to processing and screening.

<https://www.northernstarmilkbank.ca/order-milk>



3) Infant formula

Ready-to-feed newborn formula is available on some postpartum units if needed. If **short-term supplementation** is required and the goal is to return to exclusive breastfeeding, some evidence suggests considering **hydrolyzed formula**. Hydrolyzed formulas contain proteins that are broken down and may reduce exposure to intact cow's milk protein, which may reduce risk of allergy.