

INFANT FEEDING COUNSELING TIPS

Providing empathy and support when a breastfeeding mother requests formula.



PRESUME

a mom asking for formula is in a **vulnerable and sensitive state**.

“Hello Maria, my name is Michelle. I’m here to help so let’s sit down and talk for a minute.”

ESTABLISH

rapport and create a **safe space**.



“How is feeding baby going?”

START

the conversation with an **open-ended question** in a private space.



LISTEN

to the **mother’s story**.



“I’m so sorry to hear you’ve been struggling. I think you’re doing a great job.”

PROVIDE empathy, affirmations and compassion before moving into problem solving.



“In a perfect world, tell me what you would want feeding baby to look like.”

DETERMINE

mom’s feeding **goals**.



“Let’s work together to come up with a plan to get you and your baby in a good place.”

MAKE

a **plan to address** barriers, challenges and concerns. Refer to IBCLC if indicated.



DOCUMENT

the **counseling** in the Family Health Goals or Participant Health Goals.



SEE OTHER SIDE FOR SPECIAL CONSIDERATIONS.

SPECIAL CONSIDERATIONS



POLICY

For policy guidance refer to BF:1.0 and FD:10.0.

Individual counseling must be provided whenever a breastfeeding mom requests formula or asks for an increase in the amount of formula she receives.

Formula should not be routinely issued during the birth month to breastfed infants. Mothers who receive the partially breastfeeding food package are limited to one can of formula in the birth month, if needed.

Food package changes may only be authorized by a CA or WCS and should be made in collaboration with the mother. Any formula issued should reflect the minimum amount needed while supporting maximum breastfeeding. Remember to also discuss the impact of changes to the mother's food package.



MEDICAL CONSIDERATIONS

Is there a medical reason for the formula request?

The following factors may pose a temporary or long-term problem for breastfeeding and require supplementation of formula or donor human milk. Breastfeeding is still possible.

Refer mom to IBCLC.

RED FLAGS FOR MOM:

- Breast surgery
- Endocrine abnormality (e.g. diabetes)
- Polycystic Ovary Syndrome (PCOS)
- Perinatal complications (e.g. hypertension, hemorrhage, retained placental fragments)
- Contraindicated medication

RED FLAGS FOR BABY:

- Premature (<37 weeks) or very low birth weight
- Excessive weight loss (has not regained birth weight by 10-14 days of age, or loss of more than 10% of birth weight)
- Suboptimal intake
- Jaundice
- Inborn errors of metabolism (e.g. PKU)