

Medical Indications for Supplementation

Whenever interruption or cessation of breastfeeding is considered, the importance of breastfeeding should be weighed against the risks posed by the use of non-human milk¹ and the need to intervene because of the presenting medical condition. Whenever possible, breastfeeding should be maintained during interruption.

Infant Conditions

1. Infants who should not receive human milk or any other milk except specialized human milk substitute (replacement feeding) include those with:

- classic galactosemia — provide special galactose-free human milk substitute
- maple syrup urine disease — provide a special milk substitute, free of leucine, isoleucine and valine

2. Infants for whom human milk remains the best feeding option but who may need other food, in addition to human milk, for a limited period, include those infants:

- born weighing less than 1500 g.
- born at less than 32 weeks of gestation
- with laboratory-documented asymptomatic hypoglycemia unresponsive to breastfeeding and human milk
- with signs and symptoms of inadequate human milk intake:
 - clinical or laboratory evidence of dehydration (elevated serum sodium, poor feeding, lethargy, poor skin turgor)
 - excessive weight loss for gestational age and birth weight; more than 8–10% weight loss from birth should trigger further evaluation
 - delayed bowel movements with meconium stools still present by day 5
 - growth faltering on gestational age–specific growth charts
 - persistent jaundice from lack of intake, with ongoing weight loss, limited stools and uric acid crystals in the urine
- with phenylketonuria — encourage breastfeeding, supplementation with a low-phenylalanine formula and strict monitoring of phenylalanine levels

When parent's own milk is unavailable, Pasteurized Donor Human Milk (PDHM) is the preferred alternative.

Mother/Birthing Parent Conditions

Mothers/birthing parents who are affected by any of the conditions mentioned below should receive treatment according to standard guidelines.

1. Conditions that may justify permanent avoidance of breastfeeding:

- Human immunodeficiency virus (HIV) positive test results (provide PDHM or non-human milk, according to the country's regulations)
- T-cell lymphotropic virus type 1 or type II (HTLV 1/2)

¹ Non-human milk: refers to human milk substitutes, commercial infant formula or breastmilk substitutes.

2. Conditions that may justify temporary avoidance of breastfeeding:

Mother/parent should be supported to maintain lactation until their condition resolves.

- intolerable pain with breastfeeding unrelieved by interventions after a thorough assessment
- severe illness that prevents a mother from caring for her infant (e.g., sepsis)
- herpes simplex virus type 1 (HSV-1) — avoid direct contact between lesions on the mother's breasts and the infant's mouth; expressed breastmilk from the affected breast may be given if no contact of herpetic lesions and breast pump
- untreated brucellosis
- active varicella — expressed breastmilk may be given until the mother is no longer contagious; administer Varicella-Zoster Immune Globulin to the infant as soon as possible; avoid close contact with skin lesions
- contraindicated mother/parent medication, including:
 - sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations causing side effects such as drowsiness and respiratory depression are better avoided if a safer alternative is available
 - radioactive iodine-131, given that safer alternatives are available — a mother may resume breastfeeding about two months after receiving this substance
 - excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided
 - cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy

3. Conditions during which breastfeeding can continue, although health problems may be of concern and infant may require additional intake:

- delayed secretory activation (day 3–5 or later) with inadequate infant intake
- primary glandular insufficiency
- breast pathology or prior breast surgery resulting in poor milk production
- breast abscess — continue breastfeeding and expressed breastmilk from the affected breast may be given to the baby
- hepatitis B — infants should be given hepatitis B immune globulin (HBIG) and hepatitis B vaccine within the first 48 hours or as soon as possible thereafter
- mastitis — continue breastfeeding and expressed breastmilk from the affected breast may be given to the baby
- tuberculosis — expressed breastmilk may be given to the baby until the mother/parent is no longer contagious; mother/parent and baby should be managed according to national tuberculosis guidelines
- substance use — encourage mothers/parents not to use these substances and provide opportunities and support to use appropriate harm reduction strategies
 - nicotine, alcohol
 - ecstasy, amphetamines, cocaine and related stimulants have been demonstrated to have harmful effects on breastfed infants; opioids, benzodiazepines and cannabis can cause sedation in both the mother/parent and the baby; mothers/parents can continue to breastfeed if enrolled in a supervised methadone program

Adapted from: WHO/UNICEF (2009). *Baby-Friendly Hospital Initiative: Revised, expanded and updated for integrated care*. Geneva: WHO and UNICEF.

Other References

Academy of Breastfeeding Medicine (2017). *ABM Clinical Protocol #3: Supplementary Feedings in the Healthy Term Breastfed Neonate*. Available at:

<https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/3-supplementation-protocol-english.pdf>

Academy of Breastfeeding Medicine (2018). *ABM Clinical Protocol #7: Model Maternity Policy supportive of breastfeeding*. Available at: <https://bfmed.files.wordpress.com/2018/11/bfm-2018-29110-mha.pdf>

Canadian Pediatric Society (2020). *Position Statement: The Baby-Friendly Initiative: Protecting, promoting and supporting Breastfeeding*. Available at:

<https://www.cps.ca/en/documents/position/baby-friendly-initiative-breastfeeding>

World Health Organization and UNICEF (2020). *Protecting, promoting and supporting breastfeeding: The Baby -Friendly Hospital Initiative for Small, Sick and Preterm Newborns*. Geneva: WHO. Available at:

<https://www.who.int/publications/i/item/9789240005648>