Supporting mothers who formula feed

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There appears to be a lack of information and support for mothers who formula feed their babies on the grounds that providing information will undermine breastfeeding[1]. Breastfeeding and human breast milk are no doubt the best form of infant nutrition for all infants and especially for preterm infants[2]. For preterm infants the immunological protection it affords is as important as the nutritional benefits. On the other hand, the decision to formula feed is not usually taken in isolation. Many mothers are aware of the benefits of breastfeeding but other factors come into play. Approximately 24% of all new mothers opt to formula feed their infants from birth[3]; of these a small minority are unable to breastfeed because of maternal infection/illness or medication while others may have complex social or psychological reasons for not doing so. Alongside the mothers who initiate formula feeding at birth there will also be mothers who commence breastfeeding and who for various reasons discontinue at an early stage.

Providing adequate information and support to all mothers who formula feed their infants is part of the health professionals' duty of care. Mothers require information and support to ensure that the sterilisation of equipment and reconstitution of formula is done in a manner that will minimise risk to the infant. There are risks associated with the under or over concentrating of feeds as well as the risk associated with bacterial contamination. Formulae are not sterile and there are ample opportunities during reconstitution and storage of feeds for introduction and growth of bacterial contaminants. Preterm infants are particularly susceptible to infections due to their underdeveloped immune system and consequently extra care needs to be taken to reduce the risk, especially of gastro-enteritis.

In a recent study[1] it was found that the information given by midwives to mothers who wished to formula feed was very limited. The majority of midwives continued to ask mothers antenatally what their feeding intentions were but then took the issue no further if the mother intended to formula feed. Occasionally leaflets were given out but some midwives had difficulty accessing them because the provision of leaflets was perceived as promoting formula feeding. Alongside the lack of written information the practice of giving feeding and sterilisation demonstrations in antenatal classes had been discontinued by the majority of midwives. This lack of provision of information in the antenatal period would not be detrimental if adequate information was provided in the postnatal period. This however, did not prove to be the case.

Postnatally, information given to mothers about formula was inconsistent both in hospital and on transfer to the community. The majority of midwives asked if the mother knew how to make up feeds but only followed this up if they had any concerns. The postnatal provision of leaflets to back up verbal information was very *ad hoc*. Demonstrations of how to sterilise equipment and reconstitute formula are rarely given to mothers before discharge into the community despite being recommended by both NICE[4] and the Baby Friendly Initiative[5].

Occasionally mothers would be given incorrect information and this was especially related to the reconstitution of individual feeds. The recommendation that feeds should be made up individually using water that is 70°C or hotter in order to destroy micro-organisms in the formula[6] was misinterpreted by some midwives. They told mothers they could boil, cool and then store the water in the fridge for use later when reconstituting formula. The reason for this misinterpretation appeared to be a lack of mechanisms within hospitals to disseminate new recommendations related to formula feeds. There was also evidence that many midwives had a lack of knowledge about formula with two-thirds not recognising any difference between whey- and casein-based formulae and a third not knowing any of the constituents of formula before prompting. This was blamed on the lack of unbiased resources being available to them.

Although the study was undertaken looking at midwives who work on postnatal wards and in the community, recommendations were made which are transferable to neonatal units.

It is essential that all mothers who initiate formula feeding, either from birth or after discontinuing breastfeeding, are given verbal information about formula feeding and this must include the different types of formulae, the sterilisation of equipment and the importance of correctly reconstituting individual feeds. This must be backed up by unbiased literature that is available in a variety of languages and is appropriate for use with women with limited literacy skills. Prior to discharge from either the

postnatal ward or the neonatal unit, a demonstration of the skills should be given to the mother as recommended by NICE[4]. Community health professionals need to ensure that the information and skills have been understood and are being correctly undertaken in the home situation.

In order to do this it is important that midwives/child health and neonatal nurses are better informed on all aspects of formula and formula feeding. It should be part of the basic pre/post-registration education programmes and be included in hospital infant feeding updates. Alongside this, units should develop robust mechanisms for the dissemination of information and recommendations appertaining to formulae and formula feeding to staff.

Infant feeding policies appear to prevent information being given to mothers and this must be addressed. Health professionals need to be able to provide mothers with information without feeling they are going against hospital policy. There needs to be clear guidelines, unbiased information, and a ready supply of leaflets (without formula companies' logos) that health professionals can use in both the antenatal and postnatal period. It is also essential that trusts provide the equipment for demonstrations on both postnatal wards and neonatal units.These recommendations do not deter from the promotion of breastfeeding, but assist with providing equity of care for disadvantaged infants while at the same time helping to reduce their exposure to risk.

References

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