

# Supplementing at the breast during breastfeeding

**What practical aspects help make the experience rewarding? If a baby doesn't suckle well or needs additional nourishment, supplementing at the breast during breastfeeding is closest to exclusive breastfeeding.**



Obviously, direct exclusive breastfeeding is the normal way to feed an infant. However, sometimes something is not quite the way it should be. Maybe there is not sufficient milk or the baby isn't gaining weight well or doesn't suckle effectively or doesn't latch at all. In these situations, supplementing at breast can be considered.

At-breast-supplementation is the nearest thing to breastfeeding exclusively: the mother assists her baby in the same way, the baby makes the same mouth movements, the breastfeeding experience is practically and emotionally reinforced and milk supply is stimulated during supplementation. Suckling at the breast is best learnt by suckling at the breast, therefore it is advantageous to keep the baby at breast and suckling.

Despite these obvious advantages, other measures such as pumping, galactagogues, supplementation by bottle, cup or spoon are often preferred. The reasons seem to be that some knowledge of how to handle at-breast-supplementation is required and may not be available and sufficient time is needed to help the mother persevere with at-breast-supplementation. This article is about functioning techniques to reduce any unnecessary difficulties.

## Assessing the situation



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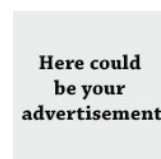
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Before suggesting at-breast-supplementation the lactation consultant needs to make a reliable assessment of the situation by plotting the individual weight curve of the baby against the WHO Standards weight-over-age (from 0 to 6 months). This can be done manually or with the program LACTDOC© which requires entering the gender, the dates and the respective weight of the baby in grams or pounds. In the case of suboptimal weight gain, when the weight curve drops only slightly, supplementation is usually not necessary, but breastfeeding management needs to be improved. Mostly the breastfeeding frequency needs to be increased.



The weight gain is obviously insufficient, if the weight curve drops from the 80th to the 50th percentile or from the 40th to the 3rd percentile or even more within a few weeks. In these cases, supplementation at the breast is the first choice, along with improving breastfeeding management.

If the lactation consultant assesses the need for supplementation whether at-breast-supplementation may be a reasonable option for a particular family – taking into consideration the overall situation – is still another question.

### Informed decision

The lactation consultant can suggest at-breast-supplementation and explain its function, why it is indicated, what advantages it has and how it can improve suckling. Then it is crucial to wait for the mother's decision. This is essential for her to persevere in using it. Her free decision enhances her interest and emotional strength. The lactation consultant may ask the mother to call back or to tell explicitly that she wants to try. Very helpful is to reassure her that she can stop at any time.



### The three phases of at-breast-supplementation

A very helpful approach and the core of at-breast-supplementation is dividing its application into three phases. It is important to have a plan and a common thread. Failing to make

changes in time when moving from one phase to the next is the cause for many difficulties, such as problems with weaning from the device.

In the 1st phase, the baby makes his first attempts to latch on with a nursing supplementer. In this phase it is important that the baby get milk from the supplementer immediately after latching and as easily as possible, with an abundant milk flow from the first second in order to teach both the baby and the mother that suckling is a rewarding experience. For optimal conditions, wearing as little clothing as possible and maybe skin contact are helpful. Carefully taping the tube to the breast is important. A good latch is helpful, but even a shallow latch is acceptable for a short period. The mother starts with one meal using at-breast-supplementation and gradually increases to more and then to all feeds with at-breast-supplementation.

In the 2nd phase, mother and baby are accustomed to at-breast-supplementation and it seems easy to them and they have confidence that it functions. The mother has meanwhile managed to give all necessary supplementation at the breast and has eliminated the bottle altogether. Now the model is exclusive breastfeeding and it is necessary to make some adaptations. What was appropriate in the beginning – as easy as possible – is no longer helpful. The mother now needs to breastfeed first without supplementation as long as possible – in order to mimic

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the suckling required to trigger a let-down reflex. Afterwards the baby can get a normal flow of milk. The baby can get milk from a supplementer even with a poor latch. Therefore the mother also needs to ensure that there is a deep latch and interrupt in case the latch is shallow. Finally, with at-breast-supplementation, the baby can get enough nourishment with 5-6 feeds, but to increase milk supply, 8 to 12 feedings are required. It is advisable to breastfeed with and without at-breast-supplementation which facilitates weaning from the device later on. In the second phase it is important to discuss practical aspects, such as clothing, preparing, cleaning and using the device out of the home. This helps the mother to persevere with this approach.

In the 3rd phase, supplementation can be gradually reduced. The goal now is suckling with a slow flow as long and intensively as possible. If the weight curve is still crossing downwards, reducing supplementation is not yet possible. If it is crossing upwards, one should wait until the curve is parallel to a percentile. If it is parallel to a percentile, supplementation can be reduced slowly by encouraging the mother to give less without telling her exact quantities.

It is important to explain these phases to the mothers (however not at the first counseling). They need to understand the principle and then they are encouraged to decide intuitively. What is appropriate in the beginning is not appropriate later.

### Devices for at-breast-supplementation

The important thing is to use at-breast-supplementation whatever device is used. The mother can give small amounts with a syringe or a syringe with a soft tip or a syringe with tubing. In these cases the mother regulates the flow. For long term supplementation or greater quantities a nursing supplementer is advisable. The three possibilities are: a home-made version, tubing inserted into a bottle, LactAid® or the Supplemental Nursing System (SNS). Which device to use is determined by several factors: What is easily available in your area? How versatile and easy to clean is the device? What is preferred by the mother?



### How to tape the tubing

Carefully taping the tubing makes latching easier. It has proven effective to tape a 5 cm long piece along the tube exactly in the middle so there is about a centimeter free at the end of the tube. Then the mother places the tape with the tube on the breast carefully right to the base of the nipple. The free end of the tube is exactly in the middle, just before the nipple and is not held down. The tube should jut out as far as the nipple.

The position of the tube depends on the breastfeeding position the mother chooses (for example clutch hold or cradle hold). The first option is to tape the tube under the baby's nose in the middle of the upper lip. This works fine if the baby opens his mouth wide. The second option is to tape the tube in the middle of the lower lip for an asymmetric latch. This is advisable if the baby does not open his mouth wide, which is often the case with older babies.



### Adjusting the flow speed

The mother needs to know how to adjust the milk flow when she is considering the three phases. With

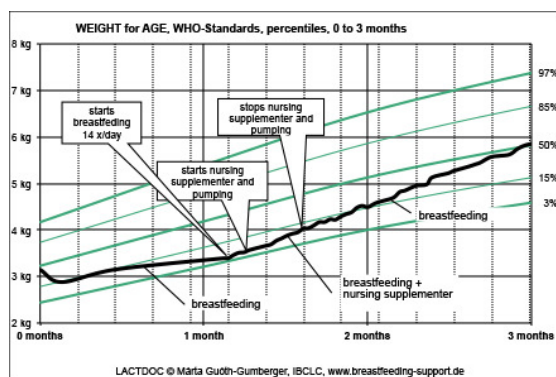


the home-made device the diameter and length of the tubing and how high the bottle is positioned influence the speed of flow. The LactAid® can be hung higher or lower. With the SNS, the biggest influence is clamping the second tubing: the flow is faster when it is open and slower when it is closed. In addition, the container can be hung higher or lower and there are three different diameters for the tubing. The SNS is the most versatile for regulating the milk flow.

### Length of application, expected outcomes

In the early weeks at-breast-supplementation may be necessary for only a few times or a few days. For older babies, it is usually longer. If the daily milk production needs to be increased by 300 to 400 milliliters, it often takes four to eight weeks. Quite a few mothers manage to breastfeed exclusively again. Sometimes, though, this is not possible or not what the mother chooses to do. In these cases, at-breast-supplementation can be reduced once solid food is introduced. Even if milk production is limited it is possible to breastfeed without a device later on.

At-breast-supplementation is useful in certain situations, at the right moment and for a limited period of time. Many women try it out hesitantly and discover how helpful it is. Over and over again it has been the breakthrough for mothers that makes breastfeeding and – perhaps later – exclusive breastfeeding possible. Every step can strengthen the relationship between mother and baby, whatever the outcome.



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Dipl. Ing., IBCLC in private practice, with extensive experience in special situations, such as slow weight gain, feeding-tube devices, high need babies. Frequent speaking engagements and author of publications on breastfeeding. Her booklet on At-Breast-Supplementation and her program LACTDOC for Growth Monitoring are available from her website [www.breastfeeding-support.de](http://www.breastfeeding-support.de).

### SOURCES

Guoth-Gumberger, M. Parent-Info: Breastfeeding with the Supplementary Nursing System. Available from: [www.breastfeeding-support.de](http://www.breastfeeding-support.de) and [www.platypusmedia.com](http://www.platypusmedia.com). (Describes the principle of at-breast-supplementation; stories of mothers to motivate; three phases described in three chapters; photos of how to tape the tubing; application described for the SNS, however it is useful for other devices as well; 34 photos.)

Guoth-Gumberger, M. LACTDOC®, Program for Growth Monitoring of Breastfed Babies. For Excel. Available from [www.breastfeeding-support.de](http://www.breastfeeding-support.de). (Automatically plots the weight of a baby against the WHO Standards; enables easy evaluation of breastfeeding and the effectiveness of any measures; with a small booklet on how to evaluate growth curves.)

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