Clinical Policy/Objective Manual

INFANT FORMULA FEEDING

POLICY:

The IWK Health Centre staff will provide support and guidance to mothers who make an informed choice to formula feed, after receiving information about the benefits of breastfeeding and risks of formula feeding, and in situations where breastfeeding is not possible.

PURPOSE:

To provide guidelines for care of formula feeding mothers and their babies.

GUIDELINES

Types of Formulas:

Standard Infant formulas are cow milk protein-based. There are a number of these formulas on the market. Each is a little different but all have the same energy content.

There are also specialized infant formulas such as lactose free soy protein, or casein hydrolysate. It is recommended that any of these products are used on the advice of a physician or nutritionist. The nurses at the IWK Health Centre may inform formula feeding mothers about various brands of formula but will not recommend any specific brands.

Formulas come in three forms:

1. **Ready to feed**: Do not need to have water added. These are the most expensive.
2. **Concentrated liquid**: Cost less, the mixing is easy, just need addition of equal amount of water
3. **Powdered Formulas**: Close in cost to concentrated liquid formulas. Need more measuring and mixing. Follow mixing instructions on label.

Preparing Formulas:

1. Check expiry date.
2. Wash bottles, nipples, cups etc. in hot soapy water and rinse. May use dishwasher except for nipples which may become "gummy and/or cracked.
3. Rinse the top of the formula can with hot water and open with a clean opener.
4. Follow the mixing instruction on the label, use **boiled** water that has been cooled for 5 minutes.
5. Pour formula into bottles, let it cool and refrigerate.

6. Any formula left in a bottle after feed must be discarded.

7. Formula should not be left out of the fridge for more than 2 hours.

8. Mixed formula should be used within 24-36 hours.

9. Store formula concentrate that has been opened but has not been mixed with water in a covered container, in the fridge, for up to 48 hours or as per manufacturer's guidelines.

10. An opened can of powdered formula can be stored in a cool, dry cupboard for up to one month.

**Amount of formula a formula-fed baby should receive:**

**Newborns:**
In the first 24 hours feed baby approximately every 3-4 hours, taking into consideration both his/her nutritional needs and state (level of arousal) and hunger-satiation cues (detailed information on Infant Cues and Feeding Interaction: **Appendix A**). Newborns have an excess of body fluids that gradually disappear in about 2-3 days. Therefore, the amount of formula they are fed should be gradually increased from 15cc-60cc (0.5oz to 2oz.) over the first few days.

**Older Babies:**
As per **Year One Food For Baby, 1999, Department of Health, Halifax, Nova Scotia:**

- **1-2 weeks old**, 6-7 feeds per day 3-4 oz. (90-125mls) per feeding
- **3-8 weeks old**, 5-6 feeds per day 4-5 oz. (125-150mls) per feeding
- **2-3 months old**, 4-5 feeds per day 6-7 oz (180-210mls) per feeding
- **3-6 months old**, 4-5 per day 6-7 oz (180-210mls) per feeding
- **6-12 months old**, 4 per day 6-8 oz (180-250mls) per feeding

*The above amounts are a guide only. Volumes consumed may vary slightly in individual infants. Ongoing attention should be paid to **Infant hunger and Satiation cues** throughout the infancy period.

**Responsibility Of:** Nursing Quality Council  
**Effective Date:** May 2001

**Last Review:** May 2001  
**Next Review:** May 2004

**Policy Number:** 685B  
**Cross-Reference:**

**Target Audience:** IWK Health Centre Staff
Appendix A

**Hunger cues**: include fussy behavior, mouthing, rooting, putting hand to mouth, sucking movements, and turning toward the mother/caregiver.

**Satiation cues**: include behaviors such as falling asleep, fingers, arms and legs extended and relaxed, lack of facial movements, and decreased sucking

**Infant States**: recognizable levels of infant state of consciousness, including:

**2 sleep states**:

1. quiet sleep (very difficult to awaken, not good to attempt the feeding)
2. active sleep (less difficult to awaken, not good to attempt feeding)

**1 transitional state**:

1. drowsy (more easy to awaken, needs to take time to fully awaken before feeding)

**3 awake states**:

1. quiet alert (good to interact with and feed the baby)
2. active alert (most likely to begin feeding in this state, signals a need to change)
3. crying (baby's limits have been reached, signals a need for change, needs to be consoled before feeding).

**Infant Behavior**: demonstrate individual differences of infants, depend on infant state, provide framework for understanding the infant.

**REFERENCES**:


Policy developed in collaboration with Nursing, M&NB Program, Clinical Nutritionists, Public Health and Family Medicine