## **Nursing Supplementers**

## Description

Nursing supplementers provide breast stimulation and deliver extra milk to the baby during nursing. They are sometimes called supplemental nursing system, transitional nursing system, feeding-tube devices, tube-feeding device, or at-breast supplementers. Nursing systems consist of a container and a thin tube leading from the container to the mother's nipple. The container can be filled with fresh pumped breastmilk, pasteurized donor milk, or, if no human milk is available, with infant formula. There are two types of nursing supplementers:

- a. Suction required. These devices include a container to hold the supplement, which hangs around the user's neck, clips to clothing, or is held or hung from a nearby surface. When the baby latches, in addition to the nipple and areola, he also takes in its thin tubing. As he sucks, milk flows through the tubing. When used effectively, the nursing baby receives both the supplement through the tubing and milk directly from the mammary gland.
- b. Suction not required. These makeshift devices consist of either a periodontal syringe or a syringe with needle removed attached by port to a thin feeding tube. With these supplementers, the feeder controls milk flow, and the baby does not need to generate suction.

## Indication for use of a nursing supplementer:

- a. Low milk production
- b. Infants with low or slow weight gain
- c. Special needs infant (e.g., cleft lip/palate, Down Syndrome, preterm)
- d. Suck dysfunction
- e. Relactation or induced lactation (Adoption)
- f. Transitioning from bottle to breast
- g. Breast surgeries or nipple trauma
- h. Indications of primary lactation insufficiency
- i. Tongue tie

## Procedure

- a. Educate client about the purpose of the nursing supplementer.
- b. Assess for appropriate method of supplemental device (suction required vs. suction not required)
- c. Assess milk production and need for additional breast stimulation.
- d. Assess correct tube position.
- e. Assess latch, effective suckle and audible swallowing, indicating milk transfer.
- f. Assess amount of supplement (human milk or formula) needed.
- g. Determine length of time to use the feeding system based on age of infant and reason for supplementation.
- h. Instruct the client to:
  - i. Wash hands
  - ii. Place feeding tube at nipple, extending approximately <sup>1</sup>/<sub>4</sub> inch past the nipple. Position the tube so it will not extend beyond the nipple tip when positioned in the infant's mouth.

Michigan WIC Breastfeeding Program February 2021

- iii. Position infant at breast so that the tube is placed at top of infant's mouth between the nipple and palate.
- iv. Watch for milk being drawn out of device with each suck.
- v. Advance milk by gently pushing on the plunger or squeezing the container if the infant is not pulling the milk as they suck or to offer a faster flow.
- vi. Clean the tube, syringe, and container with hot water.

References:

Breastfeeding Education by IABLE. (2017, February 20). *Feeding to supplement a breastfeeding infant*. [Video] *YouTube*. <u>https://www.youtube.com/watch?v=RRFgA\_uHW1g</u>

International Breastfeeding Centre. (November 2016). *Lactation Aid*. IBC. <u>https://ibconline.ca/information-sheets/lactation-aid/</u>

Lawrence, R.A. and Lawrence R.M. (2011) Breastfeeding: A Guide for the Medical Professional

- Lee, N. (2020). Breastfeeding Answers: A Guide for Helping Families, by Nancy Mohrbacher. (7<sup>th</sup> Edition). (pgs. 897-900). St Louis: Mosby.
- Thorley, V. (2019). Induced Lactation and Relactation. In Hetzel Campbell, S., Lauwers, J., Mannel, R., & Spencer, B. (2019). Core Curriculum for Interdisciplinary Lactation Care. (p. 312). Burlington, MA: Jones & Bartlett Learning.

Wambach, K and Riordan, J (2016) *Breastfeeding and Human Lactation*, (5<sup>th</sup> Edition). Jones and Bartlett Publishers.

Walker, M. (2014). *Breastfeeding Management for the Clinician, Using the Evidence* (3<sup>rd</sup> Edition). Jones & Bartlett Publishers.