



Questions to Ask Your Health Providers to See if They Believe That Fed is Best

Mothers have reported feeling unprepared for their birth and postpartum experiences and that their newborns experienced complications from underfeeding due to excessive pressure to exclusively breastfeed. It is important to know your health providers, their perspectives on infant feeding, supplementation and keeping your baby safe from complications and hospitalization. These are a list of questions to ask your health provider to see if they and their hospital believe that Fed is Best.

What do I do if my milk does not come in and my child is not getting enough milk?

If they are unwilling to discuss this possibility and are unwilling to tell you how to protect your child from complications, then they are not being honest with you and are violating a basic ethical obligation required of all health providers. They should be able to tell you that supplementation with formula or safe, tested donor breast milk can protect your child from complications if your breast milk is not enough.

What criteria do you use to know if a newborn is getting enough milk and needs supplementation and will my baby get supplemented if they are showing signs of hunger or distress?

They should give you clear guidelines, the laboratory thresholds, the weight loss thresholds, the signs and symptoms of hypoglycemia, jaundice and dehydration. Ideally, they should not allow a glucose of lower than 47 mg/dL, a bilirubin that is high or high-intermediate risk on the bilirubin

nomogram or a bilirubin of > 15 mg/dL. They should also allow no greater than 7% weight loss per the American Academy of Pediatrics guidelines. Persistent signs of hunger despite breastfeeding even without meeting the above criteria should be justification for supplementation as the newborn is the only one who knows how close they are to empty and they alone are experiencing the pain of hunger. Low blood sugar, a marker of starvation can occur at any weight loss percent to any baby, including healthy, term average-sized babies. Ask them if babies who are crying inconsolably, nursing continuously or difficult to wake every 3 hours are offered supplementation. Well-fed babies don't cry and nurse all day and night. They sleep and recover. A crying newborn is a hungry newborn and one that cries even after breastfeeding is one that is telling you they are not getting enough milk. Babies who are left to cry without being fed enough milk will eventually become lethargic and develop complications if a mother's milk does not arrive. A truly baby-friendly policy makes sure newborns are fed and safe from these complications.

If they are unwilling to share those criteria and wish for you to rely on their judgment to know when supplementation is needed, you should be wary of their lack of transparency and consider alternative health providers or an alternative hospital.

What percent of newborns in your hospital require phototherapy or get admitted for jaundice, dehydration, hypernatremia or hypoglycemia?

Hospitals should be tracking this especially if they are Baby-Friendly. If they do not know, you can ask them if a NICU nurse is available to tell you how many breastfed babies are admitted for jaundice, dehydration and hypoglycemia a week. None is the ideal. But if they answer, every day, go to another hospital.

What is your policy on rooming-in versus using a nursery? Will a nursery be available if I am impaired due to pain medication or sleep deprivation?

They should have the option of sending your child to a nursery without bullying or harassment...period. For your sake and for the safety of your baby, nurseries are vital. Forcing mothers to care for their newborns sleep-deprived have resulted in accidental falls and suffocation deaths of breastfed newborns. Newborn nurseries are a safety net for babies and their moms.

If you wish to supplement breastfeeding until your milk comes in or wish to formula-feed exclusively, ask them, "How will they support you?"

They should respect your feeding plans and help you achieve them without harassment and without insisting that a health professional inform you of the "risks." The risks of accidental starvation are far greater than the risks of properly-prepared formula.

Does your hospital require a physician prescription to get formula for my child?

If it does, bring your own formula, as this is a dangerous policy that puts babies at risk for brain-threatening complications if they are showing signs of distress from insufficient feeding and are not receiving evaluation and/or supplementation in a timely manner.

How many calories does my newborn need to not fast or go hungry? How many calories does colostrum, mature milk and formula have?

They should know that the caloric requirement of a newborn is 100-120 Calories/kg/day. Colostrum has around 55 Cal/dL, mature milk has 66-77 Cal/dL and formula has 66 Cal/dL or 20 Cal/ounce. These are basic facts a health provider should know to safely feed a newborn.

Does your hospital have a policy to try to increase exclusive breastfeeding at discharge rates?

Hospital policies whose main goal is to increase exclusive breastfeeding at discharge increase the risk of starvation-related complications to newborns because insufficient and delayed milk production are in fact common and occur to more the 1 in 5 mothers. While well-intentioned, these policies put undue pressure on health professionals and parents to avoid supplementation, which can result in accidental newborn starvation. Newborn comfort, safety and the prevention of brain- and life-threatening complications should be the primary goal of any hospital, and this often requires supplementation of breastfed newborns when mothers cannot produce enough milk.

The Fed is Best Foundation encourages families to be informed and to hold hospitals accountable for keeping their newborns safe from preventable complications. We believe that no child should go hungry and that no mother should be shamed for choosing any number of safe feeding options. #FedisBest