NHS
Royal Berkshire
NHS Foundation Trust

# Possible effects of offering formula milk to a breastfeeding baby

**This leaflet outlines information around feeding options so that you are fully informed in your choices. Please ask your midwife if you have any questions.**

## Background

Breastfeeding is usually considered the most natural and instinctive way to feed a newborn baby for most parents. It is generally recognised that exclusive breastfeeding is the most beneficial feeding method for both you and your baby in terms of health outcomes (WHO 2003). Breastfeeding provides a complete food and is actively protective for both you and your baby, whilst formula, although meeting with European nutritional standards, (Commission Directive 2006), does not provide immunity or contain any of the other protective ingredients that breast milk does.

However, some mothers experience feeding difficulties in the early days, especially after a challenging birth. Often parents feel very anxious about their baby's wellbeing and may request formula even when their intention is to breastfeed. This leaflet provides some information to help you make informed decisions about future feeding. This can be exclusive breastfeeding, topping up (supplementing with expressed breastmilk, or formula after a feed), combination feeding (a mixture of formula feeds and breastfeeds), or exclusive formula feeding. We suggest that it is preferable to keep your options open when early difficulties arise because there are so many factors affecting how you feel and establishing breastfeeding can take time and practice.

Our staff will support you to understand your baby's behaviour, as some babies are reluctant and sleepy at first, while others feed frequently. Staff will suggest ways of soothing your baby, support you to recognise effective feeding, and help you express your breast milk in the first instance.

## Some things to consider, before introducing formula milk

There may be clinical situations where temporary use of formula is necessary until your own milk supply has increased. Ask staff to explain the reasons for this supplementation and for support with establishing your breastfeeding.

- You can express breastmilk and offer this to your baby in a cup, syringe, from your finger or from a bottle if you are concerned about their intake. We have breast pumps here at the hospital, which are designed to establish your supply, but when colostrum is in small amounts the most effective way to express for most people is by hand.
- Offering formula milk for your baby to replace a breastfeed, may affect your supply, as breastfeeding works best if you repeatedly put your baby to the breast. This extra stimulation will improve your milk production by stimulating receptors in your breasts to produce more milk. The action of breastfeeding also provides comfort and helps to settle your baby.

- Your first milk (colostrum) is nourishing, rich in protective properties and is all your baby needs in the first few days before your milk comes in.
- When the breasts are not offered as frequently, your breasts can become over-full (engorged), which is painful, and means attaching your baby can become more challenging. It can also lead to less milk made, blocked ducts and mastitis. Engorgement is best relieved by your baby feeding directly but can also be relieved by expressing milk using a pump, or by hand, if the baby cannot attach and breastfeed well.
- Sucking on a bottle teat may make it more difficult for the baby to latch to the breast effectively, as the sucking action the baby uses when feeding from a teat is very different.
- Babies given large volumes of formula can be less satisfied on subsequent breastfeeds, which are naturally smaller in volume, although delivering the exact nutrition baby needs.
- Although formula milk is marketed as a replacement to breast milk, the gut flora (bacteria and other organisms) is altered by the use of cow's milk formula. Exclusive use of breast milk is the best way to reduce the risk of your baby developing infections such as gastroenteritis, diarrhoea, and urine, ear and chest infections.
- If there is a strong history of allergies in your family, avoiding the use of formula milk may reduce the risks of your baby developing hay fever, asthma and eczema. Giving formula can sensitise a baby to later cow's milk intolerance
- You may want to consider offering donor human milk (DHM). More information is available in the following leaflet 'Donor milk: is it an option for me?' This is prioritised for medical need and provided for a short time only. You will need to express and maximise your own milk supply whilst using donor milk.

## Helpful hints for successful breastfeeding

- Keep your baby close and enjoy plenty of skin contact. Ensure that you can see your baby's face, talk, sing and soothe so that you get to know each other
- Hold your baby 'kangaroo style' directly next to your skin, ensuring baby's mouth and nose are kept clear, so baby can breathe easily and be observed by you.
- Feed baby on early feeding cues (opening and closing mouth, sucking hands, turning head to side) and ring the call bell; our staff can help you to latch baby, as incorrect attachment can lead to sore nipples and an unsatisfied baby.
- Feed lying down so you can rest.
- Try a laid back position which encourages your baby's instinctive behaviour to self-latch.
- Express small, but frequent amounts and give this to your baby regularly on a finger or by syringe or cup. This will help to settle baby and stimulate a reluctant sleepy baby.
- Discuss any concerns with ward staff

## Decisions

If you do decide to give formula after reading this leaflet and considering your preferences, then the staff will be sensitive to your informed decision and will support you to keep your options open by continuing breastfeeding, or combination feeding, as you choose. Maintaining your supply and giving any breastmilk is valuable and can enable you to return to exclusive breastfeeding at a later date, if you feel differently then. However, you will need to achieve this

gradually and may benefit from support and advice from your midwife or health visitor. Please also refer to your baby's Red Book for sources of local breastfeeding support.

## Suggestions to successfully introduce formula alongside breastfeeding

- If your desire is to continue breastfeeding, always offer the breast first OR combine feeding formula with expressing to signal to your body that your baby is feeding
- Offer the formula in small amounts to mimic how breastfeeding works.
- Use a cup where possible to avoid possible teat confusion. Your baby will lap, or slurp the milk, and it takes some practice for you to feel confident with the technique Ask for support and have a look through the 'Alternative methods of feeding – cup or finger feeding' leaflet on our Infant feeding page https://www.royalberkshire.nhs.uk/services-and-departments/maternity/feeding-your-baby
- If you do decide to give some formula by using a bottle, ensure that you learn how to pace feed (Infant formula and responsive bottle feeding https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2019/04/Infant-formula-and-responsive-bottle-feeding.pdf.) It is important that the baby does not get too used to a very fast flow from a bottle because this could cause frustration later at the breast and overfeeding, especially in the early days when colostrum is naturally in small volumes.
- Keep trying the baby on the breast, baby will enjoy the closeness, and this will encourage milk let down by raising your oxytocin levels. Successful latching can take time, try to remain calm
- Maintain expressing each time you formula feed, so that all your options remain open. Things change rapidly and as babies grow, difficulties with latching often disappear.
- Continue with prolonged skin contact for as long as possible
- Seek support from the ward staff who will help you to develop a feeding plan which enables you to continue providing breast milk to your baby if you wish.

## Further information and support

- Your local breastfeeding groups - refer to the insert in your RED book or online at https://www.royalberkshire.nhs.uk/leaflets/breastfeeding-support-community-drop-in-sessions
- RBH infant Feeding page at https://www.royalberkshire.nhs.uk/services-and-departments/maternity/feeding-your-baby
- Bottle feeding video at https://www.youtube.com/watch?v=Q3dTZTUHT3A&list=PLBay_LKYZ_gHNG5dYu1I7zZ_3QhcTNmt1&index=12
- For evidence based information on formula milk refer to First Steps Nutrition Trust https://www.firststepsnutrition.org/parents-carers
- National Breastfeeding Helpline **0300 100 0212** and website https://www.nationalbreastfeedinghelpline.org.uk/
- La Leche League website https://laleche.org.uk/weaning-from-supplements/
- UNICEF Baby Friendly initiative website www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/

## References


1. NICE (2025) guidance on maternal and child nutrition Overview | Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years | Guidance | NICE
2. The Commission of the European Communities. Commission directive 2006/141/EC of 22 December 2006 on infant formulae and follow-on formulae and amending Directive1999/21/EC. Available from: http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2006:401:0001:0033:EN:PDF
3. World Health Organisation (WHO). (2003). Global Strategy on Infant and young child nutrition Global strategy for infant and young child nutrition https://www.who.int/publications/i/item/9241562218


To find out more about our Trust visit www.royalberkshire.nhs.uk

**Please ask if you need this information in another language or format.**

RBFT Maternity, Infant Feeding Team Lead, May 2016
Reviewed: December 2025
Next review due: December 2027

Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here