



## BREASTFEEDING AND USING A SUPPLY LINE

This factsheet is for women who are breastfeeding or planning to breastfeed and need to give their baby extra milk.

### What is a supply line?

Expressed breast milk or infant formula can be given through a fine tube, known as a supply line, taped to your breast so that the end of the tube is close to your nipple during breastfeeding. As your baby sucks, extra milk comes down the tube from a small container worn on a cord around your neck.

### Why use a supply line?

When a baby feeds with a supply line they get more milk and are likely to breastfeed for longer. This can be helpful because extra sucking helps make more breast milk. Babies that feed only from the breast are more likely to continue to breastfeed well.

Some babies become used to feeding from a bottle and have difficulty returning to feeding directly from the breast. Using a supply line while breastfeeding may help your baby avoid this problem.

A supply line may also help babies who:

- get tired easily sucking at the breast because they are small, preterm or unwell
- have lost a lot of weight and need a top-up feed
- are not breastfeeding well after a period of bottle feeding
- are taking longer than usual to improve their sucking and feeding
- need extra feeds using a naso-gastric tube, cup or a bottle after breastfeeds.

A supply line may be useful for mothers who:

- aren't able to provide all the milk their baby needs from the breast alone \*
- have been very unwell and need to re-establish breastfeeding
- have not given birth and wish to breastfeed, (i.e. have a baby via adoption or surrogacy).

\* If you don't have enough milk ask your midwife or maternal & child health nurse for advice. Also, frequent breastfeeding helps most women produce enough milk.

Using a supply line can help increase your milk supply.

When a baby breastfeeds with a supply line it helps them to drink more milk at the breast and stay sucking at the breast for longer. A supply line can be used short or long term depending on your circumstances and your baby's feeding needs.

A full breastfeeding assessment should always be performed by a lactation consultant to see if a supply line might be likely to help with breastfeeding.

### Types of supply line feeding devices

There are a few different types of supply line feeding devices. You will find examples of these in pharmacies and on the Australian Breastfeeding Association website.

In your hospital the lactation consultants may use a very thin baby feeding tube attached to your breast so that the tip is close to the nipple and with the other end placed in a bottle. A range of equipment options work in the same way.

### Using your supply line

- Wash your hands thoroughly before preparing the supply line.
- Fill your bottle with the right amount of milk for your baby at this feed. Your lactation consultant will discuss this with you.
- You may be advised to breastfeed on both breasts first or until your baby is feeding a little less vigorously before introducing a supply line. Offering the breast before using the supply line in these circumstances can stimulate a better milk supply.
- When you are ready to use the supply line, place the tube into the container of milk.
- Allow your baby to attach to your breast inserting one end of the tube into the corner of your baby's mouth, pointing it slightly towards the roof of their mouth. The tube may also be effective when inserted under your nipple, so that it is directly over your baby's tongue.

- The tube only needs to go just past your baby's gums. Your baby will suck on your breast and the tube at the same time, drawing extra milk through the tube into their mouth (like sucking on a straw).
- Initially hold the bottle of milk at the same level as your nipple. If you need to slow or increase the flow you can do so by changing the level of the bottle. If the bottle is too high the flow will be too fast, and your baby may swallow too quickly. If the container is held too low the flow may be too slow and your baby may become frustrated and tired. Your lactation consultant will work with you to see what works best.
- If your baby is breathing regularly and sucking in a relaxed and rhythmic way (1 to 3 sucks per swallow) the milk flow will be working well. If your baby seems distressed, for example, pushes away from your breast, gets upset, coughs or splutters, the flow from the supply line should be slowed by lowering the bottle and waiting until your baby is calm again.

**If using a supply line that you have purchased, please refer to the manufacturer's guidelines for use and cleaning instructions.**

## Decreasing the use of the supply line

Your lactation consultant, midwife or local maternal and child health nurse can plan this with you. Gradually reducing use, while looking out for signs that your baby is still getting enough milk, is important. If your baby is getting enough milk they will pass clear or straw-coloured urine that does not smell strongly and will be gaining weight. Another sign to show that all is well is that your baby is alert and responsive when awake. Your local maternal and child health nurse is available to weigh your baby and discuss any concerns you may have.

## Cleaning a disposable supply line tube and bottle in the home setting

All feeding equipment needs careful cleaning.

### Cleaning the tubing

- The feeding tube must be cleaned thoroughly as soon as the feed is finished. Rinse the tube using a syringe to remove any milk from the tube and to help prevent the growth of bacteria – this is particularly important when infant formula is used.
- The tube and cleaning syringe can be re-used for a total of 24 hours. Each 24 hours the tube and syringe must be discarded and replaced with new equipment.
- Use a 10ml syringe to flush 10mls of cooled boiled water through the tube.
- Flush the tube at least 3 times, more if there is any milk still visible in the tube.
- Always store the cleaned tube in a clean sealed container or plastic bag in the fridge.
- Boiled water can be made up for the whole day – boil fresh water in the kettle and pour into a clean container to cool. Cooled boiled water can be kept for 24 hours in the fridge and used as required for cleaning.

### Cleaning the bottle

- Cleaning and sterilising the bottle should occur after each feed if you are using infant formula and at least once every 24 hours if using breast milk.
- Clean the milk bottle as soon as possible after every feed is completed.
- Rinse the bottle in cold water then wash in warm soapy water and rinse clean in hot water.
- Dry the bottle with paper towel and store safely until next feed if using breast milk. Sterilise the bottle as you usually would e.g. steam steriliser, if using infant formula.

### For more information

**Your local Maternal and Child Health Nurse**

**Maternal & Child Health Line**

Tel: 13 22 29 (24 hours)

**Australian Breastfeeding Association**

T: 1800 686 268 - Breastfeeding Helpline

W: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

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