

Breast Milk Fortifier and Breast Milk Fortifier Boosts

Breast milk

It is recommended by the World Health Organisation (WHO) that children be exclusively breast fed for the first six months of life. A mother's breast milk is the best source of nutrition for both term and premature babies, offering protective factors and supporting brain development.

However, many premature babies have greater nutritional needs than full-term infants. In particular, preterm infants born before 34 weeks gestation, even when exclusively fed breast milk, may face a slower rate of weight gain compared to the growth they would have experienced in utero.

All premature babies are encouraged to breast feed if that is the mother's wish. The families are supported with this decision and specialist infant feeding support is provided to ensure babies latch on the breast effectively and feed well.

Breast Milk Fortifier (BMF)

BMF is used to supplement breast milk for preterm infants, ensuring they receive sufficient nutrients for optimal growth and bone health. It is recommended to begin fortification when the baby reaches a feed intake of 80-150 ml/kg/day and is tolerating it well for 24 hours.

The primary goal of using Breast Milk Fortifier is to help prevent protein deficiency, support healthy growth and reduce the risk of metabolic bone disease. The routine use of BMF is recommended for babies born before 34 weeks gestation and weighing less than 1800g at birth. The decision to start this treatment is always made through a consultant-led discussion and will be thoroughly explained to the family before it begins.

How is BMF made and given?

Initially, the baby will be started on a half-strength fortifier (1 sachet in 50 ml) for 24-48 hours. If well tolerated, the fortifier will be increased to full strength (2 sachets in 50 ml). The baby will be closely monitored for tolerance and growth.

The nurses team will add the sachets of fortifier to breast milk, which will then be given to baby at each feed.

Breast Milk Fortifier Boost

When a baby transitions to responsive breastfeeding and stops receiving fortifier, it is common to see a decrease in energy and protein intake, which can result in slower weight gain and a drop in growth centiles.

BMF Boosts offer a way to supplement the nutrition of preterm babies who are exclusively breastfed. This approach helps support and encourage longer periods of exclusive breastfeeding while avoiding the need for additional supplementation.

Introducing supplemental feeds can interfere with breast stimulation, which may negatively impact maternal milk supply and make sustained breastfeeding more challenging. By using BMF at home, we can help maintain successful breastfeeding for a longer period.

Prescription

Babies established on breastfeeds who are not maintaining or gaining weight may benefit from BMF boosts. Most babies will need between four and six boosts in a 24-hour period. As the baby matures and develops, they will become more capable of self-regulating their intake of breast milk. We know that healthy, term, breast fed babies will increase their volume intake to increase their protein intake as protein levels in maternal milk decline over time.

Once the baby has passed term corrected age +6 weeks, breast feeding is well established and weight gain is good, considerations will be taken to wean off BMF.

Making Up BMF Boosts

The Nursing team will support you with how to make up BMF Boosts to ensure you are comfortable and confident with making it at home.

Please see step by step guide below

1.	Wash hands.
2.	Clean area in which the Boost will be made.
3.	Collect the following: <ul style="list-style-type: none">- Expressed breast milk (EBM)- Sterile Bottle.- Syringe- BMF Sachets.
4.	Wash hands again.

5.	<p><u>To make up 1 x boost:</u></p> <p>Measure 4mls of EBM in the sterile bottle and warm to room temperature. Do this by placing the bottle in a jug of hot water.</p> <p>Once warmed decant 2 sachets of BMF into the 4mls of EBM to make up to 5mls and gently swirl, do not shake the bottle.</p>
6.	<p>Leave BMF to dissolve for a minute on its own. If BMF does not completely dissolve use the tip of the syringe to gently stir.</p> <p>Note: Do not shake as it will disrupt the fat globules within the EBM.</p>
7.	<p>Once fully dissolved administer this just before a breast feed, using your own method, a syringe or a teat.</p> <p>Can be stored at room temperature up to two hours.</p>
8.	<p>Discard or clean equipment afterwards.</p>
9.	<p>If more volume is needed when making up Boosts, ensure baby is able to ingest the whole volume to ensure the correct dose is given.</p>
10.	<p>Consider the following times for administering Boosts:</p> <p>X6 a day – 7am, 10am, 1pm, 4pm, 7pm, 10pm</p> <p>X4 a day – 7am, 11am, 3pm, 7pm.</p>

Considerations

- BMF 'Boosts' should never be added to formula feeds.
- Do not add extra fortifier beyond that recommended by the acute neonatal team / unit neonatal outreach team.
- Seek help from outreach team if you wish to reduce or stop breast feeding any point during this treatment.

Please scan QR to access video on how to make BMF Boosts



Monitoring

Monitoring and follow-up care will be managed by the unit's neonatal outreach team, with support from the neonatal dietitian.

If the baby is discharged to the community before BMF is discontinued, monitoring will continue through the community nursing or health visiting team, with support from a neonatal or paediatric dietitian when necessary.

In the event of continuing concerns about the baby's growth, the infant will be referred for review by the neonatal or paediatric dietitian and, if needed, referred to a lactation or infant feeding specialist for further assessment and guidance.

Parents will be provided with the contact details of the team overseeing their baby's care and will receive advice on addressing non-urgent concerns related to the infant's growth and the use of BMF.

Contact us

If you have any questions or concerns ask to speak to a member of our team:

- Tiffany-Rae Miller, Clinical Lead Dietitian Neonates
- Touqueer Fatima, Neonatal Consultant
- Rebecca Miles, Infant Feeding Lead Sister
- Rose Mugoh, Community Neonatal Sister
- Hannah Mills, Neonatal Practice Educator

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Was this information helpful? Yes / No

Please let us know, contact patient.information@stgeorges.nhs.uk and include the leaflet title.

Thank you.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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