

Newborn Formula Volume Feeding Guideline

The American Academy of Pediatrics recommends exclusive human milk feeding for the first 6 months of life, however there are times when parents decide not to breastfeed or use donor milk due to a medical reason or personal preference. In these instances, formula can be used as the sole source of newborn nutrition or as a supplement to breastfeeding. For term asymptomatic newborns, feeding should be initiated within the first 90 minutes of life and should be fed every to 2-3 hours based on feeding cues (rooting, stirring, mouth opening, hand to mouth, turning head, fussing).

Not uncommonly, overfeeding of formula occurs with infants receiving volumes in excess of the physiologic stomach volumes for their age. Despite depictions of physiologic capacities of newborn stomach (marble (5-7ml) for first 24 hours, to a ping pong ball (25ml) at 48 hours), newborns are frequently ingesting volumes much higher during the first days of life with the subsequent possible health risks including emesis, discomfort, aspiration and a decrease in breastfeeding rates.

Obtaining and dispensing formula

- a. Ready to feed formula may be stored in the patient's room or the Newborn Observation and Procedure area (NOPA).
- b. Patients should be given a reusable Volufeed and disposable nipples.
- c. RNs, IBCLCs and CNAs are permitted to dispense formula to patients.

Educating Patients

All RNs and IBCLCs should routinely educate caregivers on:

- i.The recommended amounts of formula to feed their baby based on evidence-based practice. See chart below.
- ii.Encourage caregivers to measure formula into Volufeed and feed directly from Volufeed with a disposable nipple to avoid accidental overfeeding.
- iii.Formula must be discarded within one hour of the start of a feeding. Do not save leftover formula for subsequent feedings.
- iv. How to wash and/or sanitize Volufeed.

Prior to discharge, education should be provided on how to safely mix powdered formula and appropriate volumes to feed until the next pediatric follow-up appointment.

Time (hours)	Intake (ml/feed) determined by feeding cues
First 24	2-15
24-48	5-15
48-72	15-30
72-96	30-60

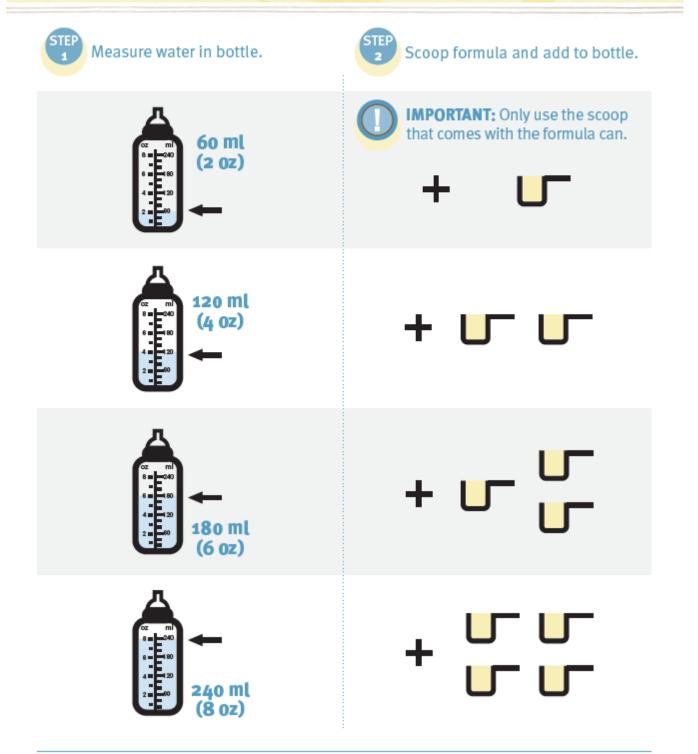
Recommended intake of formula by healthy, term infants

Algorithms are not intended to replace providers' clinical judgment or to establish a single protocol. Some clinical situations may not be adequately addressed in this guideline. Clinicians should document management strategies. *Last revised February, 2024. For questions regarding this guideline, please contact the Medical Director of the Newborn Nursery.*



Mixing Infant Formula

19 or 20 calories/oz





References:

- Kellarns, A. Harrel C, Omages S, Gregory C, Rosen-Carole C and the Academy of Breastfeeding Medicine. ABM Clinical Protocol #3: Supplementary Feeding in the Healthy Term Breastfed Neonate, Revised 2017. Breastfeeding Medicine. 2017;12 (3).
- 2. Watchmaker, B., Boyd, B. & Dugas, L.R. Newborn feeding recommendations and practices increase the risk of development of overweight and obesity. *BMC Pediatr*, 20, 104 (2020).
- 3. Dimaggio D, Cox A, Porto A. Updates in Infant Nutrition. Pediatrics in Review, October 2017, 38 (10) 449-462.

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