

Supplemental Nutrition for Infants

As identified by the American Academy of Pediatrics, the U.S. Surgeon General and the World Health Organization, infants grow and develop best when fed human milk directly from their own mother's breast. When this is not possible, MilkWorks prioritizes the use of supplemental milk for infants in the following order:

Pumped (Expressed) Human Milk from an Infant's Mother

Pumped milk has the potential to lose a small amount of nutritive or protective factors, but it is still preferable to banked milk from another mother or a human milk substitute (i.e. cow's milk formula). While a mother may hand express milk from her breasts, most mothers will use a double electric breast pump.

Some mothers find they may need to use a Medical Need (aka Hospital Grade) breast pump to establish, or maintain, an adequate milk supply if their baby is not feeding at their breast.

A mother may feed her baby supplemental milk via a feeding tube at her breast, a bottle feeding, or a finger feeding, depending upon the reason a baby is being supplemented.

Banked Donor Human Milk

If a mother is not able to produce enough milk for her baby, she may feed her baby banked donor human milk from a Milk Bank. Banked milk has been screened and pasteurized - a method of heat treating which eliminates bacteria, while retaining the majority of the milk's beneficial components.

MilkWorks may provide a small amount of banked milk to a mother during her consultation. If additional milk is required, a mother may purchase banked milk from MilkWorks in limited quantities, or, she may contact a Milk Bank and inquire about purchasing banked milk. Banked milk costs about \$22.00 per four ounces and is costly when needed beyond small quantities in the early days.

Milk Bank Donors are nursing mothers who have an excess milk supply and donate their surplus milk to a Milk Bank. Milk donors undergo a detailed medical screening to ensure they meet the donor requirements established by the Mothers Milk Bank Advisory Council and the Human Milk Bank Association of North America. Donors must be non-smokers, may take only limited medications, and a donor and her family must be well during the time she donates. Donor requirements limit alcohol and caffeine consumption. Milk donors are screened with the same blood tests as blood donors: HIV I/II, HTLV I and II, syphilis, and Hepatitis B and C.

All banked milk has been screened and processed in accordance with the most current international milk banking standards and recommendations by the Food and Drug Administration and the Centers for Disease Control. (See our information on [Milk Collection and Outreach Centers and Milk Banks.](#))



Human Milk Shared Directly from Another Mother: Health care providers are generally not comfortable with wet nursing and direct milk sharing because some illnesses and medications can be transferred through breast milk. We do not have adequate research on the handling of pumped milk, especially when milk is shared via the internet and accepted from an unknown mother. For these reasons, MilkWorks does not connect mothers with other mothers to directly share milk.

Formula is a known infant food that has been used on a widespread basis for the past 60 years. Most medical experts are more comfortable with formula and banked donor milk than shared milk. At the same time, we know that human milk is designed to enhance a baby's immune system and promote optimal health. Until banked donor milk is financially accessible for all babies who require supplementation, formula will remain a readily available option accepted by health care providers. (See our information on [Formula, Banked Donor Milk, and Shared Milk: What is Important to Know?](#))

Hypoallergenic / Hydrolyzed (Cow's Milk) Formula

The majority of human milk substitutes (known as formula) are made from cow's milk, although some formula may be made from soy or goat's milk. With a hypoallergenic formula, such as Alimentum or Nutramigen, the size of the cow's milk protein has been changed, and sugar, fats, and nutrients have been added.

A hydrolyzed protein formula is more expensive than regular formula because the size of the protein has been altered to make it easier for a baby to digest. It is often recommended if a baby experiences constipation, fussiness, or reflux with a regular cow's milk formula.

Liquid, ready-to-feed formula is recommended for infants under two months of age because it is germ free. Powdered formula is not sterile. If powdered formula is used, the Centers for Disease Control (CDC) recommends that water be heated to 158 degrees F/70 degrees C when preparing the formula. In addition, the formula should be used within two hours of preparation, or refrigerated and used within 24 hours. Any unused formula should be thrown away. See the [CDC's Cronobacter Prevention Infographic](#) to learn more.

Formula changes the protective bacteria in an infant's digestive system and it does not contain many beneficial components that are found in human milk, including protective hormones and antibodies. The cost of a hypoallergenic formula is about \$2.00 per four ounces.

Regular (Cow's Milk) Formula

Non-hydrolyzed or regular formula is less expensive than hypoallergenic formula. The cost of a ready-to-feed standard formula is about \$1.00 per four ounces.

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