

Potential Risks/Problems in Giving Formula to a Breastfed Baby (When there is no medical problem)

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Parent / Carer Information

Maternity Service

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Potential risks/problems in giving formula to a breastfed baby

If you are thinking of giving your breastfed baby infant formula, here is some important information to consider before you make up your mind. Please discuss this with your midwife.

You have chosen to breastfeed your baby. Breastfeeding is a wonderful thing to do for your baby and has health benefits for you both. In the first few days, your breasts produce colostrum – the valuable first milk. Healthy full-term babies do not need ‘top-up’ feeds of formula as your colostrum is perfect for your baby’s needs, even in small amounts. Some mothers worry that the colostrum is not enough for their baby. This milk is very special and full of factors that protect your baby from infections. Colostrum is naturally produced in small quantities as a baby’s body is not designed to cope with a large volume of milk in the first two days after birth.

New babies can be unsettled, and sometimes mothers ask for formula supplements without realising the possible problems of giving formula. Infant formulas are usually made from cow’s milk which has been processed to make it suitable for babies.

What are the risks of giving my breastfed baby formula milk (when there is no medical problem?)

Increased risk of cow’s milk allergy: If you have a family history of allergies, the giving of even one formula feed during the first three days can increase the risk of your new-born

baby developing cow's milk allergy.

Increased risk of gut infections: breastfed babies have a lower gut pH level (this means that their gut is more acidic) during the first six weeks of life. This is beneficial as it reduces harmful germs in the gut. If formula supplements are given in the first seven days, the development of the lower pH in the gut is slowed and may never fully develop.

Risk of reducing mother's milk supply: When a formula feed is given, the baby does not suckle at the breast. This reduces your milk supply, as the breast is not stimulated.

Increased risk of diabetes: Early exposure to cow's milk protein increases the risk of the baby developing insulin-dependent diabetes.

Risk of nipple confusion: If an artificial teat is used to give the supplement, the baby is more likely to develop 'nipple confusion' which can create difficulties in successful attachment at the breast.

Are there other ways I can settle my baby?

It is normal for babies to be unsettled at times and want to breastfeed frequently.

Breastfeed your baby: Breastfed babies will normally feed 8–12 times in twenty four hours. We can help you to ensure your baby is correctly attached at the breast. If the baby is not effectively attached, the amount of milk the baby gets will be reduced and may cause you to become sore.

Prolonged skin to skin: Hold your baby against your chest between your breasts, dressed in only a nappy, snug inside your clothing. Partners can do this too. You can use skin to skin at any time for as long as you like. Your baby has spent nine months snuggled inside you. He/she is still likely to feel happiest snuggled up to you now. This may help them settle after a feed or assist their natural feeding instincts. Skin to skin may also help with your milk-making hormones:

- Cuddle
- Stroke
- Soothe
- Hold
- Carry your baby

[Ask your midwife about safe bed sharing.](#)

We do not routinely separate mothers and babies as you need to learn how to breastfeed and care for your baby. If you ask your midwife to take your baby to settle him/her, she will return your baby to you as soon as he/she has settled.

We want to help you protect your milk supply and help you to exclusively breastfeed your baby. The first couple of days can be exhausting, and it can often seem that your baby wants to feed constantly. Alternatively, some babies can appear quite sleepy for the first couple of days and not seem to want to feed. These are the times when parents ask for infant formula top-up.

We can support you with positioning and attachment advice to ensure you are comfortable and that your baby is feeding effectively.

What if I still want to give a supplementary formula feed?

This information is intended to support you in learning to breastfeed. If, after reading this information you still wish your baby to receive a formula top-up feed, it is important that you have had the opportunity to make a shared decision regarding all of the factors associated with formula milk. The health professionals caring for you and your baby will assist you with the correct information on how to give this to your baby.

Are there any medical reasons when I may need to give my baby supplements?

Occasionally, there are medical reasons to offer a breastfed baby supplements of formula milk. Some of these medical reasons include hypoglycaemia (low blood sugar), prematurity, and weight loss of greater than 10% of the baby's birth weight. The health professionals working with you will advise you if your baby has a medical need for supplemental milk.

The healthiest supplement is the mother's expressed breast milk followed by formula milk. If your baby needs a supplement, the health professional will show you how to express your milk. If at the time of expressing there is not enough expressed breast milk available to

meet the baby's medical need, then an infant formula may be offered.

Other Useful Contacts

www.mymummydoes.co.uk

Infant Feeding Team: 01942 778557

Breastfeeding Network Peer Support Service: 01942 777903



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