



Queensland Government

## Exclusively Breastfed Baby Complementary Feed Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### A. Interpreter / cultural needs

- An Interpreter Service is required?  Yes  No  
If Yes, is a qualified Interpreter present?  Yes  No  
A Cultural Support Person is required?  Yes  No  
If Yes, is a Cultural Support Person present?  Yes  No

### B. Parent initiated complementary feed of infant formula

A parent initiated complementary feed/s of infant formula is when parents/s request a complementary feed/s of infant formulae for their exclusively breastfed baby.

### C. Potential risks of providing infant formula to an exclusively breastfed baby.

There are potential risks to providing infant formula to an exclusively breastfed baby. They include but are not limited to the following.

- Breastfeeding works on a demand/supply basis. The more a baby feeds at the breast, the more milk is produced. If a baby has a complementary feed/s there is less breast stimulation, and potentially a fall in milk supply.
- If breastfeeds are missed or replaced with complementary feeds, this results in longer intervals between feeds, increasing the risk of the mothers breasts becoming full and painful (engorgement).
- Complementary feeds of infant formula can lead to mothers stopping breastfeeding earlier.

Expressing breast milk can help to reduce these risks. Information about expressing and storing breast milk is available at:

[www.health.qld.gov.au/breastfeeding](http://www.health.qld.gov.au/breastfeeding)

### D. Options for parents

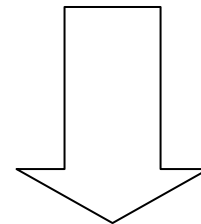
Parent/s reason for asking for the complementary feed/s of infant formula for their exclusively breastfed baby should be explored. Common concerns for parents include:

- perceived low milk supply (not enough milk)
- unsettled baby
- nipple tenderness
- tiredness

When a non-medically indicated complementary feed of infant formula is requested, the following options are discussed with the parent/s:

- assistance with breastfeeding
- providing another breastfeed (babies will often feed 8-12 times in 24 hours)
- expressing breast milk to provide an additional breast milk feed
- giving the baby a bath to relax
- ways of settling the baby including wrapping and rocking
- evidence suggests no difference in sleep patterns of breastfeeding or infant formula feeding babies.

- This consent document continues on page 2 -



SW9229



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Facility: \_\_\_\_\_

(Affix identification label here)

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex:  M  F  I

## E. Patient consent

I acknowledge that the clinician has explained;

- the possible risks of giving my exclusively breastfed baby a complementary feed/s of infant formula.

### I have been given the following Patient Information Sheet/s:

**Exclusively Breastfed Baby Complementary Feed Consent**

- I was able to ask questions and raise concerns with the clinician about giving a complementary feed/s of infant formula to my exclusively breastfed baby, including potential risks, and my options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand that this consent is valid for any complementary infant formula feeds during this admission.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my clinician.

On the basis of the above statements,

## I request my baby to have complementary feed/s of infant formula

Name of Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: \_\_\_\_\_

No ▶ Name of Substitute Decision Maker/s: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Relationship to patient: \_\_\_\_\_  
 Date: \_\_\_\_\_ PH No: \_\_\_\_\_

#### Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

## F. Clinician statement

I have explained to the patient all the above points under the Patient Consent section (E) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Clinician: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## G. Interpreter's statement

I have given a sight translation in

\_\_\_\_\_ (state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DO NOT WRITE IN THIS BINDING MARGIN



# Consent Information - Patient Copy

## Exclusively Breastfed Baby Complementary Feed Consent

### 1. What is an exclusively breastfed baby complementary feed?

The National Health and Medical Research Council recommend that babies are exclusively breastfed (no other food or fluids) until around six months of age.

Further, it is recommended that breastfeeding be continued to 12 months and beyond, with the addition of appropriate solid foods from six months of age.

The parent/s of an exclusively breastfed baby may request that the baby receive a complementary feed/s of infant formula.

Queensland Health acknowledges parents right to informed choice regarding their baby’s feeding.

### 2. What are the potential risks of providing infant formula to an exclusively breastfed baby?

There are potential risks to providing infant formula to an exclusively breastfed baby. They include but are not limited to the following.

- Breastfeeding works on a demand/supply basis. The more a baby feeds at the breast, the more milk is produced. If a baby has a complementary feed/s there is less breast stimulation, and potentially a fall in milk supply.
- If breastfeeds are missed or replaced with complementary feeds, this results in longer intervals between feeds, increasing the risk of the mothers breasts becoming full and painful (engorgement).
- Complementary feeds of infant formula can lead to mothers stopping breastfeeding earlier.

Expressing breast milk can help to reduce these risks. Information about expressing and storing breast milk is available at:

[www.health.qld.gov.au/breastfeeding](http://www.health.qld.gov.au/breastfeeding)

If you have any questions your clinician is happy to discuss this information with you.

### 3. What are the other options you may have?

You are welcome to discuss with your clinician any specific concerns you have, especially the concerns that have contributed to your request for a complementary feed of infant formula. Common concerns parents have are:

- suspected low milk supply (not enough milk)
- unsettled baby
- nipple tenderness
- tiredness

Options for parents who are considering giving a complementary feed of infant formula include:

- help with breastfeeding
- giving another breastfeed (babies will often feed 8-12 times in 24 hours)
- expressing breast milk to give an extra breast milk feed
- giving the baby a bath to relax
- ways of settling the baby including wrapping and rocking
- evidence suggests no difference in sleep patterns of breastfeeding or infant formula feeding babies.

#### Information about infant feeding is available from the following:

- Queensland Health. Breastfeeding and your baby guide. Available from your midwife or child health nurse.

- Queensland Health. Child Health Information – Your guide to the first 12 months. Available in the baby’s personal health record.

- 13HEALTH (13 43 25 84) – 24 hour helpline, cost of local call

- Breastfeeding Information is available from the Queensland Health Breastfeeding Website.

[www.health.qld.gov.au/breastfeeding](http://www.health.qld.gov.au/breastfeeding)

- Australian Breastfeeding Association

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

- Free 24 hour helpline – 1800 686 2 686

#### Notes to talk to my doctor about:

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