



## Medically Indicated 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. Medically indicated complementary feed of infant formula

Your clinician has recommended that your exclusively breastfeeding baby receive a complementary feed/s of infant formula.

The medical reasons why this is recommended includes: *(Clinician please tick appropriate reason/s).*

- health circumstances for the mother that may affect breastfeeding  
 medications the mother is taking that are contraindicated for breastfeeding  
 babies with medical conditions for which *exclusive* breastfeeding may be contraindicated  
 very low birth weight and preterm babies where insufficient breast milk is available  
 babies who are at risk of hypoglycaemia (low blood sugar) and have not responded to breastfeeding or expressed breast milk  
 clinical dehydration (lack of fluids) of the baby and the mother is unable to provide sufficient breast milk

It is recommended that your baby receive complementary feed/s for the following indication  
*(Clinician to document in space provided)*

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### C. Potential risks of providing infant formula to a 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. Risks of not providing complementary feed/s of infant formula

*(Clinician to document in space provided. Continue in Medical Record if necessary.)*

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### E. Option/s to infant formula

If an exclusively breastfed baby requires a complementary feed / fluids for a medical condition, the clinician will discuss options with you including:

- mothers own breast milk previously collected
- donor breast milk from a regulated milk bank if it is available at the service
- intravenous fluid therapy via cannula (needle into a vein)

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## Medically Indicated Complementary Feed Consent

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

(Affix identification label here)

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

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

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

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

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

Sex:  M  F  I

### F. Patient consent

I acknowledge that the clinician has explained;

- the medical reason/s for which it has been recommended that my baby be given a complementary feed/s of infant formula.
- the risks of not giving my baby a complementary feed/s of infant formula for the medical reason.
- 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:**

**Medically Indicated 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 to my baby having 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)

### G. Clinician statement

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

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

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

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

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

### H. 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

## Medically Indicated Complementary Feed Consent

### 1. What is a medically indicated complementary feed of infant formula?

The National Health and Medical Research Council recommend that babies are exclusively breastfed until six months of age.

On occasion there are circumstances when an exclusively breastfed baby may require extra nutrition or fluids due to medical reasons, these reasons can be for either the mother or baby and may include:

- health circumstances for the mother that may affect breastfeeding
- medications the mother is taking that are contraindicated for breastfeeding
- babies with medical conditions for which *exclusive* breastfeeding may be contraindicated
- very low birth weight and preterm babies where insufficient breast milk is available
- babies who are at risk of hypoglycaemia (low blood sugar) and not responded to breastfeeding or expressed breast milk
- clinical dehydration of the baby and the mother is unable to provide sufficient breast milk.

### 2. What are the potential risks?

There are some potential risks to providing infant formula to an exclusively breastfeeding baby. The potential risks include:

- 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 decreased breast stimulation, and possible 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 assist to decrease 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)

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

If an exclusively breastfed baby needs a complementary feed / fluids for a medical condition, the clinician will talk about options you may have including:

- Mothers own breast milk previously collected
- Donor breast milk from a regulated milk bank if it is available at the service

- Intravenous fluid therapy via cannula (needle into a vein)

### Extra written information about infant feeding is available and may include:

- World Health Organisation (WHO) Acceptable Medical Reasons for use of breast-milk substitutes.

[http://whqlibdoc.who.int/hq/2009/WHO\\_FCH\\_CAH\\_09.01\\_eng.pdf](http://whqlibdoc.who.int/hq/2009/WHO_FCH_CAH_09.01_eng.pdf)

- 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.

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

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

### Notes to talk to my clinician about:

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