

REF: CTMObs 131



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## Alternative Methods of feeding for breastfed babies

Initiated By	Cwm Taf Morgannwg University Health Board Obstetrics and Gynaecology Directorate
Approval Group	Postnatal and Guideline Forums
Distribution	Midwifery, Medical, Paediatric and Neonatal staff within Cwm Taf Morgannwg University Health Board (via email)
Archiving	Directorate secretary will be responsible for archiving all versions
Document Location	Health Board intranet Hard copy in pch-fileshare
Freedom of Information	Open

### CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
2	November 2023	Infant feeding team	Review

### AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author	CTM UHB Infant feeding team	Ratification Date	November 2023
Job Title	Infant feeding Coordinator	Review Date	November 2026

### Disclaimer

**When using this document please ensure that the version is the most up to date by  
checking the Obstetrics & Gynaecology Guidelines on WISDOM  
PRINTED DOCUMENTS MUST NOT BE RELIED ON**

## **Equality Impact Assessment Statement**

This Procedure has been subject to a full equality assessment and no impact has been identified.

## **Related Guidelines**

- Infant Feeding Policy and Guideline: Maternity / Neonatal Services
- Reluctant Feeding Guideline
- Management of Weight Loss in Newborn Babies
- Guidelines for the Safe Management of Expressed Breastmilk.
- Jaundice Guideline
- Hypoglycaemia Guideline

## **Training Implications**

All appropriate staff who care for mothers and babies will be orientated to this guideline as soon as possible after its ratification. Staff should receive disseminated training to enable them to understand how to implement the guideline as appropriate to their role.

The topic of alternative feeding methods, including reference to this guideline, should be included in the curriculum of infant feeding education and training for all maternity and neonatal staff, and included in any available orientation sessions for new doctors, at a level appropriate to role.

## **Purpose**

To ensure appropriate staff are supported in awareness and appropriate use of a range of feeding methods for the support of breastfeeding babies.

## **Key Principles**

To ensure that if breastfeeding babies (or those where breastfeeding is planned or desired) are unable to feed exclusively at the breast, they received supplements via methods which are:

1. Safe and appropriate:
2. Acceptable to the mother and family:
3. Supportive of ongoing breastfeeding.

## **Identifying Need for this Document**

Breastmilk is recommended as the optimal source of nutrition for infants (see Infant Feeding Policy for further information).

To breastfeed successfully, mothers require accurate and evidence-based information, and face-to-face, ongoing, predictable support which reflects optimum standards. Where supplements are required the Baby Friendly expectation is that parents will be fully informed and supplements will be given in a manner supportive of breastfeeding.

## **Communication**

- All appropriate staff will have access to a copy of this guidance via usual CTMUHB access for Policies and Guidelines.
- Appropriate staff should aim to work collaboratively across disciplines and departments, including maternity hospital, community and neonatal settings, in order to improve mothers' / parents' experiences of care.
- Audit of clinical processes should be undertaken to ensure ongoing compliance with the standards outlined in this Interim Guideline.

## **Key points**

- These methods are for use in the short term only and alongside ongoing breastfeeding support.
- Staff should receive training before using any of these methods.
- Mother's expressed breast milk is the first choice for supplementation. Alongside any alternative feeding methods, especially where formula is used, mothers will require support to establish/maintain lactation.
- Observe babies at all times throughout feeds, assessing their ability to cope.
- It is important that mothers are fully informed about the implications of supplementation on breastfeeding and that the appropriate documentation is completed.

## **Step 1**

Assess baby's readiness for feeding.

DO NOT orally feed a baby showing no feeding cues. Nasogastric tube may be required.

Feeding Readiness	Description
1	Alert or fussy prior to care. Rooting and / or hands to mouth behaviour. Good tone.
2	Alert once handled. Some rooting or takes empty breast / dummy. Adequate tone.
3	Briefly alert with cares. No hunger behaviours. No change in tone.
4	Sleeping throughout cares. No hunger cues.
5	Significant change in Heart Rate, Respiratory Rate, O2 levels, work of breathing outside safe parameters.

## Step 2

Select appropriate method of feeding.

Consider:

- Baby's gestational age, condition and feeding ability (suck, swallow, breathe coordination, stress during feeding, ability to take appropriate milk volume in 20-30 mins).
- Maternal preference and support of partner/other care giver.
- Support of breastfeeding and maternal self efficacy.
- Cost, availability, ease of cleaning.

## Step 3

Feed with appropriate volume and method of feeding and review plan for next feed.

Regardless of method, observe for stress cues throughout feeding (more likely if bottle feeding and not pacing feeds correctly). Give baby a break if these are shown. Stress cues may include:

- Milk leaking from side of mouth.
- Rapid gulping and/or choking.
- Alarmed/startled appearance of baby.
- Splayed fingers or toes, extended limbs.
- Colour changes.

### 1. Cup feeding

Advantages	Disadvantages
Avoids the use of teats and encourages tongue to come forward thereby supporting continued breastfeeding.	Cup feeding can be messy and spillage can make calculating intake difficult.
Provides a positive oral experience for baby while stimulating the suck swallow reflex and allowing salivary enzyme activity.	Risk of aspiration if cup feeding is not done appropriately.
Uses little energy and allows the baby to control their intake.	
Cups are cost effective and easily cleaned.	

#### Method

1. Ensure baby is awake, alert and ready to feed.
2. Wrap baby to prevent knocking the cup and hold fully supported in an upright position.
3. Hold the cup to the baby's lips, tilt the cup so the milk just reaches the edge. The edge of the cup should gently touch the outer edges of the baby's upper lip with the cup resting on the lower lip. The bottom lip should be below the edge of the cup.
4. The baby will lap or sip the milk using their tongue.
5. DO NOT POUR THE MILK INTO THE BABY'S MOUTH.
6. Keep the cup in place throughout the feed allowing the baby to pace the feed.
7. Cups are single patient use and should be washed in hot soapy water and then sterilised for the next feed.

### 2. Syringe feeding

Advantages	Disadvantages
Accessible and convenient for feeding colostrum.	Suitable only for giving small amounts, ideally up to 5ml.
Simple method to feed antenatally expressed colostrum.	

## Method

- Hold baby close, slightly upright and well supported.
- Observe baby for cues- never force a syringe into baby's mouth.
- Ensure cap is removed from syringe prior to feed.
- Using a 1ml syringe only place syringe into corner of baby's mouth. Do not allow baby to suck the syringe or purse lips around it.
- Using gentle pressure deliver small boluses of milk (maximum 0.2ml at a time) into the baby's mouth and observe for swallowing before introducing more.

### 3. Finger feeding with syringe or tube

Advantages	Disadvantages
Has been identified as a supportive method for transitioning to breastfeeding especially for premature babies.	Concerns have been raised that babies may become accustomed to finger feeding in the longer term and find it more difficult to transition to the breast.
Supportive of development of suck-swallow-breathe coordination.	
Sucking is stimulated by a soft finger and tongue is encouraged forward as in breastfeeding.	
Can be used with a small amount of colostrum to stimulate feeding behaviours in sleepy/reluctant babies prior to a breastfeed.	

## Method with syringe

1. Wash hands thoroughly- consider demonstrating thorough hand washing to parents. Ensure nails are cut short.
2. Using a clean (parent) or clean and gloved (HCP) finger stroke baby's lip to encourage rooting behaviour and wide gape.
3. When baby is ready slide finger with pad uppermost into baby's mouth with finger tip just reaching soft palate.
4. If baby does not start sucking immediately very gently massage the roof to stimulate sucking. When baby starts sucking introduce the syringe into the corner of the mouth and deliver 0.1-0.2ml milk.
5. As baby sucks and swallows rhythmically continue to very gently deliver milk. Observe baby at all times and pace the feed according to their needs.

## Method with tube

1. Wash hands as in step 1 above.

2. Place a feeding tube along the finger so that the end of the tube sits on the soft pad at the end of the finger. It can be secured with tape below the second knuckle which will not go into the baby's mouth.
3. Attach end of feeding tube to oral syringe.
4. Follow steps 3 and 4 above. When baby sucks introduce a small amount of milk using gentle pressure on the syringe plunger. Allow baby to swallow.
5. Observing baby's suck and swallow pattern continue to slowly deliver milk, pausing when the baby does and observing for stress cues.

#### 4. Supplemental nursing system

Advantages	Disadvantages
Maximises breast stimulation where baby is able to latch effectively.	Unsuitable for babies unable to latch to the breast.
Does not interrupt the breastfeeding relationship	Requires careful cleaning and ongoing purchase of supplies.
	Can be fiddly to set up and use- involve Infant Feeding Specialist if this option is selected.

Method- to be used with support from infant feeding team.

1. Prepare appropriate supplementation in syringe or bottle and attach feeding tube/place into bottle.
2.
  - a. When baby shows readiness to feed place tube at the breast with the tip of the tube about 0.5ml past the nipple, then latch the baby on, or:
  - b. With baby already attached at the breast, observe for when sucking and swallowing slow down. When this occurs slide the feeding tube under the baby's top lip towards the roof of baby's mouth.
3. Observe baby throughout the feed and adjust the flow rate by changing the height of the container used.
  - a. When baby shows readiness to feed place tube at the breast with the tip of the tube about 0.5ml past the nipple, then latch the baby on, or:
  - b. With baby already attached at the breast, observe for when sucking and swallowing slow down. When this occurs slide the feeding tube under the baby's top lip towards the roof of baby's mouth.

#### 5. Paced bottle feeding

Advantages	Disadvantages
Maybe useful once breastfeeding is well established if longer term plan for supplementation is required	Early introduction of bottles and teats is associated with premature cessation of breastfeeding and should not be the first choice

	for assisted feeding where breastfeeding is desired.
	Babies may become easily habituated to the firmer stimulus of the teat & the resultant altered sucking behaviour may make them less responsive to the softer stimulus of mother's nipple
	Bottle use may be seen as supplantive (instead of her) and may undermine a mothers self efficacy and confidence in breastfeeding.
	Use of bottles is associated with lower rates of breastfeeding on discharge for preterm babies.

## Method

1. Hold the baby close and in an upright position.
2. Using a newborn sized teat, touch the baby's lips to stimulate a wide gape and allow baby to take the teat.
3. Maintain a horizontal position for the bottle; there is no need for the teat to be full of milk.
4. Observe the baby's sucking pattern, ensuring that milk covers the holes while the baby sucks but allowing breaks by lowering the bottle when the baby pauses.
5. Observe throughout the feed for any stress cues and allow the baby to show when they have had enough. Do not force the baby to take more than they wish.

## References

Academy of Breastfeeding Medicine. (2017). *ABM clinical protocol #3: hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate*. Retrieved 22.5.23 from [ABM Clinical Protocol #3: Supplementary Feedings in the Healthy Term Breastfed Neonate, Revised 2017 \(bfmed.org\)](https://www.bfmed.org/clinical-protocols/3-supplementary-feedings-in-the-healthy-term-breastfed-neonate-revised-2017)

Academy of Breastfeeding Medicine. (2016). *ABM clinical protocol #10: breastfeeding the late preterm (34-36 6/7 weeks of gestation) and early term (37-38 6/7 weeks of gestation) infants*. Retrieved 22.5.23 from [ABM Clinical Protocol #10: Breastfeeding the Late Preterm \(34–36 6/7 Weeks of Gestation\) and Early Term Infants \(37–38 6/7 Weeks of Gestation\), Second Revision 2016 \(memberclicks.net\)](https://www.memberclicks.net/clinical-protocols/10-breastfeeding-the-late-preterm-34-36-6-7-weeks-of-gestation-and-early-term-infants-37-38-6-7-weeks-of-gestation-second-revision-2016)

Allen, E., Rumbold, A. R., Keir, A., Collins, C. T., Gillis, J., Sukanuma, H. (2021). Avoidance of bottles during the establishment of breastfeeds in preterm infants. *Cochrane database of systematic reviews*. <https://doi.org/10.1002/14651858.CD005252.pub5>

Flint, A., New, K., & Davies, M. W. (2016). Cup feeding versus other forms of supplemental enteral feeding for newborn babies unable to fully breastfeed. *Cochrane database of systematic reviews*, (8).

Newman, J., Pitman, T. (2014). *Dr Jack Newman's Guide to Breastfeeding*. 3<sup>rd</sup> ed. HarperCollins.

Penny, F., Judge, M., Brownell, E., & McGrath, J. M. (2018). Cup feeding as a supplemental, alternative feeding method for preterm breastfed babies: An integrative review. *Maternal and child health journal*, 22(11), 1568-1579

Penny, F., Judge, M., Brownell, E., McGrath, J. M., & Gephart, S. (2018). What is the evidence for use of a supplemental feeding tube device as an alternative supplemental feeding method for breastfed babies?. *Advances in Neonatal Care*, 18(1), 31-37

World Health Organisation. (2021). Ten Steps to Successful Breastfeeding. Retrieved from: <https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding>