Standard Operating Procedure for Alternative Methods of Infant Feeding

Document Reference No:	MAT 104
Version No:	1
Publication Date:	20 May 2026
Review Date:	21 July 2028
Expiry Date:	21 October 2028
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Accountable Executive:	Executive Director of Nursing, Quality, Women and Family Health
Approved By:	Women and Childrens Policies and Procedures Governance Group
Approval Date:	21 October 2025
Document Type:	Standard Operating Procedure
Parent Policy:	
Scope:	PTHB Midwives & Health Visitors

Associated Policies and Written Control Documents
UNICEF Baby Friendly Initiative (2010) Cup Feeding Versus other Forms of Supplemental Feeding. Available from: http://www.unicef.org.uk/BabyFriendly/News-and[1]Research/Research/Miscellaneous-illnesses/Cup-feeding-versus-other-forms-of-supplemental[1]enteral-feeding-for-newborn-infants-unable-to-fully-breastfeed/ World Health Organisation (2017) Protecting, Promoting and Supporting Breastfeeding in Facilities providing maternity and newborn services. WHO: Geneva. UNICEF (2015) Off to the Best Start. UNICEF: United Kingdom.

Version Control

Version	Summary of Changes/Amendments	Publication Date
1	Initial Issue	20/05/2026

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Infant Feeding Coordinator

Circulated to the following for Consultation

Date	Role / Designation
09/09/2025	Powys Midwives
09/09/2025	Powys Health Visitors

Groups Approved at

Date	Group
14/10/2025	Maternity guidelines Group
21/10/2025	Women and Children's policies and procedures oversight group

1.0 Introduction

Alternative methods of feeding infants are temporary methods of feeding aside from traditional breastfeeding or paced bottle feeding. 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.
Alternative methods of infant feeding may be utilised for:

- Reluctant feeders
- Supplementation as part of a feeding care plan 2 and 3
- Parental choice

The additional methods covered in this SOP include syringe feeding, finger feeding using an oral syringe, cup/spoon feeding and supplementary nursing systems.

2.0 Objective

The aim of this SOP is to inform staff on how to safely use and teach families about Alternative Methods of Feeding to support feeding dads.

3.0 Equality Statement

Powys Teaching Health Board Maternity Services are committed to:
• The elimination of unlawful and unfair discrimination
• The active promotion of equal opportunities for women and their families and our workforce
• The protection of the human rights of women and their families and our workforce
• The promotion of inclusive relationships between groups who share protected characteristics and those who don't
• The valuing of the diversity inherent in the communities we serve and in our workforce.

The words 'woman' and 'women' have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby. It is recognised that there are many different family arrangements.

When translation services are required, there is the expectation that a face-to-face translator or digital interpretation services will be provided.

The Language Line App is available to all maternity staff to use for this purpose. Consideration is required with written documents and leaflets to be provided in a woman's preferred or 1st language.

For further support and advice contact PTHB Equality Team:
powys.equalityandwelsh@wales.nhs.uk

4.0 Definitions

- **PTHB** – Powys Teaching Health Board

5.0 Responsibilities

5.1 Head of Midwifery & Sexual Health/Assistant Head of Midwifery & Sexual Health/ Assistant Head of Childrens & Public health nursing

The senior leadership team within Midwifery and Health visiting must:

- Ensure all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure

5.2 OTL/ Band 7 Team lead/ Health Visiting Team Leads

- Ensuring dissemination of this document to all relevant staff
- Liaising with District General Hospitals (DGH) to feedback where care has fallen outside of this guideline

5.3 Infant Feeding Coordinator

- Supporting implementation of this document
- Reviewing any new evidence or guidance that is produced that may influence the service
- Communicating any key changes in advice that might influence service provision to the Midwifery Leadership and Management team for consideration.
- Provide training packages to all W&C clinical staff

5.4 Infant Feeding Specialist Service Team

- Reading and being familiar with contents of this document

- Using appropriate methods of supplementation based on clinical situation- including support with SNS through the specialist service

5.5 Midwives and Health Visitors

- Reading and being familiar with contents of this document
- Recommending and discussing different methods of giving supplementations to neonates in partnership with parents and in line with clinical judgement
- Working to the requirements of their role within the scope of this guideline

6.0 Assessing Feeding Cues

Do not orally feed a baby who is not showing any feeding cues. If there are any clinical concerns (NEWTT2)- transfer to the nearest DGH may be required in line with the reluctant feeder pathway.

Feeding cues indicate the beginning of feeding readiness when babies are more likely to latch on and suck and can occur during periods of light sleep as well as when a baby is awake. Cues include rapid eye movements under the eyelids, mouth and tongue movements, body movements and sounds, sucking on a fist. Crying can be a way of indicating that the feeding cues have been missed. If feeding cues are not present, support should be provided and documented until effective feeding is established.

Only orally feed a baby who is showing feeding cues, alert and awake.

Regardless of method, observe for stress cues throughout feeding (more likely if bottle feeding and not pacing feeds correctly).

Give the baby a break if these are shown:
• Milk leaking from side of mouth.
• Rapid gulping and/or choking.
• Alarmed/startled appearance of baby.
• Splayed fingers or toes, extended limbs.
• Neonates Colour changes.

7.0 Alternative Feeding Methods

7.1 Finger Feeding using oral Syringe

Use

Finger feeding can be useful:

- To stimulate rooting in a sleepy baby.
- When a baby awakens with handling but doesn't attach at the breast
- Give colostrum prior to attempting a breast feed
- Use colostrum & finger feed to stimulate suck - creates alertness & rooting/feeding behaviors
- When a baby is not able to latch on well to the breast & there are concerns regarding intake e.g. giving colostrum to a sleepy baby/reluctant feeder in the early days after the birth
- When a baby requires additional supplementation and is not able to cup feed well but has a good suck reflex and organised suck-swallow-breathe co-ordination

- To teach an additional care giver e.g. Dad so that mother is assisted with supplemental feeds for a feeding care plan

Move onto an alternative method depending on parental choice once you have more than 5ml to give.

Method

1. Ensure nails are closely trimmed & hands thoroughly washed – gloves to be worn by healthcare professionals
2. Baby should be held in the mother's (or care providers) arms in a calm and alert state - slightly upright, not flat, or place pillows on your lap so that baby is facing you in a semi-upright position. In these positions you can easily observe how baby is coping with the feed & pace the feed accordingly
3. Stroke baby's lip gently with your finger to stimulate rooting & encourage baby to open mouth wide
4. Slide your finger into baby's mouth, nail side on baby's tongue. The tip of the pad of your finger should rest where the hard and soft palate join the roof of the mouth, about 3-4cm into the baby's mouth.
5. Keep your finger as flat as possible to keep the baby's tongue flat and forward. Do not apply pressure to the roof of baby's mouth, gently 'tickle' the suck reflex with fingertip to stimulate the suck reflex
6. After baby sucks about 3-4 times, gently introduce the tip of the syringe into the corner of the baby's mouth in between the gum and cheek
7. Press gently on the syringe plunger to introduce a small amount of milk (e.g. 0.2- 0.3ml) into the baby's mouth. Allow the baby time to taste and become accustomed

8. The baby should start sucking in a rhythmic and co-ordinated manner. While baby is sucking maintain very gentle pressure, 0.2ml at a time – watch baby closely for signs of not coping with the feed & pause when baby stops sucking or indicates by behavioural cues that a pause is needed

7.2 Syringe Feeding

Use

This method is similar to finger feeding but does not require a finger to be placed in the mouth. Caution should be taken to ensure that the baby is alert, with good tone to prevent aspiration of milk.

Only to be used with up to 5ml of supplementation

Method

1. To give a syringe feed safely, the calm and alert baby should be held in the mother's arms slightly upright, not flat.
2. Using a 1 ml oral syringe is gently placed introduced in the corner of the mouth, between the gum and cheek
3. Do not allow the baby to suck at the syringe/purse lips around it
4. Using a gentle pressure on the plunger, introduce milk at no more than 0.2ml at a time.
5. Allow the baby time to taste and enjoy the milk.
6. Stop plunger if the baby starts sucking, allow time to swallow, then give a little more.

7.3 Cup / spoon feeding

Use

Cup and spoon feeding can be useful in cases where parents who are breastfeeding do not wish to introduce a bottle. It provides a positive experience where baby has their suck-swallow-breathe reflex stimulated without the use of teats, and encourages movement of the tongue thus supporting continued breastfeeding

A graduated feeding cup may be used, or any other small cup in the home without a sharp edge i.e. egg cup.

Both expressed breastmilk and formula can be given via a cup. Cup feeding can be used for any volume, but it is particularly useful if the volume required is >5ml. Smaller volumes may be more easily given via a clean spoon.

Considerations: cup feeding can be messy and there is opportunity for spillage, which may make calculating total intake difficult & extra wastage of EBM.

There is a risk of aspiration of milk if cup feeding is not done correctly.

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.

7.4 Supplementary Feeding Tube device (STFD)/Supplementary Nursing System (SNS)

This is for the specialist infant feeding team ONLY

A Supplementary Feeding Tube Device is where a fine plastic tube is taped to the breast, allowing additional breastmilk or formula to be given while the baby is breastfeeding. It is a good way to give additional milk whilst establishing breastfeeding and encouraging baby to latch. It is acknowledged that there is a lack of evidence for the use of these systems

Supplemental nursing system advantages
- Supplying a supplement while simultaneously stimulating the breast to produce more milk, reinforcing the infant's feeding at the breast, enabling the mother to have a breastfeeding experience, and encouraging skin-to-skin

Disadvantages/barriers
- Mothers may find the systems awkward to use, difficult to clean, relatively expensive, requiring moderately complex learning, and the infant must be able to latch effectively

SNS should be used under the guidance and support of the specialist infant feeding service. The list of indications may include, but is not limited to;
- Concerns of delayed lactogenesis +/- causative to infant weight loss
- To re-Establish lactation
- To induce lactation for a non-birthing parent

Equipment
NG tube, surgical tape, 20ml/50ml syringe/bottle

Method

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 0.5cm 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.

8.0 Supplementation Indication

In cases where supplemented feeding is indicated/recommended in view of weight loss, a full breastfeeding assessment should be completed to evaluate effectiveness of positioning and attachment, and milk transfer.

The potential risks and benefits of other supplemental fluids, such as cow's milk formulas, soy formulas, or protein hydrolysate formulas, must be considered along with the available resources of the family, the infant's age, the amounts needed, and the potential impact on the establishment of breastfeeding.

If any staff member recommends a supplementation based on a clinical needs, a supplementation audit form must be completed with documented evidence of a discussion about method of supplementation within the documentation.

9.0 Staff Training

All Staff supporting infant feeding with PTHB will be orientated to this guideline on receipt of its ratification.

All staff within W&C will have access to a training package with additional information about all alternative feeding methods- including their uses, methodology and risks. This training is embedded within the infant feeding orientation induction training session so any new midwives/ health visitors in Powys will have received the training within 1 month of commencing their role in Powys.

All staff have 3 yearly BFI 2-day training which covers responsive feeding/ responsive bottle feeding and alternative methods of feeding.

10.0 Safeguarding

If any safeguarding concerns or significant risk factors are identified for a unborn child or young person/vulnerable adult practitioners must follow Wales Safeguarding Procedures (2019) and SGP036 Safeguarding Policy Policies & Written Control Documents - SGP 036 Safeguarding Policy.pdf (sharepoint.com) . Advice and support concerning any safeguarding issue can be sought from PTHB Safeguarding Team via the Safeguarding Hub on 01686 252806 or email PowysTHB.Safeguarding@wales.nhs.uk (Monday-Friday 09:00-17:00, excluding Bank Holidays). Outside of office hours, Local Authority can be contacted on 0345 0544 847 or contact Silver on Call.
All registered practitioners should access appropriate safeguarding supervision and training as per guidance. Safeguarding Supervision (sharepoint.com)

11.0 Monitoring Compliance, Audit & Review

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

12.0 Reference and Bibliography

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)

wisdom.nhs.wales/health-board-guidelines/cwm-taf-maternity-file/alternative-methods-of-feeding-for-breastfed-babies/
Advances in Neonatal Care

International Board Certified Lactation Consultants' Practices Regarding Supplemental Feeding Methods for Breastfed Infants - Frances Penny, Michelle Judge, Elizabeth A. Brownell, Jacqueline M. McGrath, 2019

Breastfeeding Answers made simple – Nancy Morbacher

Appendix A

Alternative Feeding Method Advantages & Disadvantages

ALTERNATIVE METHOD	ADVANTAGES	DISADVANTAGE
Finger feeding via oral syringe	- May make transition to the breast easier - Supportive of the development of the suck, swallow- breathe coordination - Encourages tongue to move forward, like at the breast and the suck reflex is stimulated by gentle skin touch - Can be used with small amounts of colostrum to help stimulate feeding behaviors prior to a breastfeed.	- *Prolonged use* is linked to finger feeding preference & find it more difficult to transition to the breast.
Cup/Spoon	- Easy to clean equipment & Cost effective - Avoids use of teat/ fast flow which supports easier transition back to breast - Uses less energy & allows the baby to control their own intake - Oral muscle activity like breastfeeding as encourages tongue mobility	- Can be messy, wasteful due to spillage & calculating intake can be difficult - Risk of aspiration if not done appropriately
Syringe feeding	- Simple method for feeding antenatal collected colostrum/ colostrum - Easy to clean equipment & cost effective	- Only to be used up to 5mls

SNS	- Reinforces breastfeeding behaviours - Reduces need to feed baby again after breastfeeding - Can improve suckling skills - If latched effectively, stimulates milk production	- Mothers may find set up time consuming and difficult - Baby may suck on the tubing in a straw like fashion - Recurrent use of tape on the breast may cause skin damage - Equipment is difficult to clean, is expensive and may require additional parts regularly. - Cannot be used for a baby that will not latch at the breast - SHOULD ONLY BE USED BY THE SPECIALIST SERVICE TEAM
Paced bottle feeding	- long term plan for supplementation is needed or parental choice to combination feed.	- Early introduction of bottles and teats is associated with premature cessation of breastfeeding - Can cause difficulty in transitioning back to breastfeeding & cause fast flow preference - Uses different oral muscles to breastfeeding

Appendix B

Average Colostrum intake by Healthy/ Term Breastfed Infants

In a healthy, Term Breastfed infant, Midwives do not need to prescriptively work out amount of colostrum to give (ml/ kg). The below information gives you a rough guide of the average intake based on hours of life. If a baby is reluctant to feed/ requires a feeding plan- please follow the reluctant feeder guideline & the weight loss guideline.

Table 2.
Average Reported Intakes of Colostrum by Healthy, Term Breastfed Infants

Time (hours)	Intake (mL/feed)
First 24	2–10
24–48	5–15
48–72	15–30
72–96	30–60

5.0 Equality Impact Assessment

It is not mandatory to complete an Equality Impact Assessment (EIA) for a written control document. If you feel it would be of benefit, please complete the box below and attach an EIA as an appendix to this document.

Has an Equality Impact Assessment (EIA) been completed		**NO**
Name of the person giving this response	Infant Feeding Co-Ordinator	
If NO:	**N/A**	
If YES:		