Guideline for Alternative Feeding Methods in the Full Term Breastfed Infant

(including cup feeding, syringe feeding and bottle feeding)

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These guidelines should be used within the context of best practice guidelines and our Infant feeding policy.

The UN Convention of the child States in article 24 that all children have the right to "the best possible health".

Breast milk is the best form of nutrition for all new born babies[1]. However if the mother cannot feed her baby directly from the breast or for clinical reasons the infant requires a supplement in addition to breastfeeding, there are alternative feeding methods available i.e. syringe feeding, cup feeding or bottle-feeding.

To support breastfeeding during this period, health professionals should support mothers to initiate and maintain lactation, via hand or pump expression (see Infant feeding policy).Once expressed breast milk (EBM) [2] is available families will require instruction on alternative feeding methods.

Feeding methods

1. Cup feeding
2. Syringe feeding
3. Bottle (This method can lead to breast/ teat confusion and should be used with reservation)

Whatever feeding method is chosen it must be in collaboration with parental choice. Discuss the choices with the parents giving detailed information on the different feeding methods available.

Consider which method:

- Is safest for baby.
- Will help the baby to breastfeed.
- Is Compatible with the baby's age, size and condition.
- Ease of use for parents.
- Is appropriate for the length of time it is required.

1. CUP FEEDING

Cup feeding has been successfully used to feed babies for many years [4]. It is simple, practical and a safe method of feeding babies. One of its advantages is that it is baby-led not carer-led.

Cup feeding has been found to require less energy output from the baby which can be advantage for any infant struggling to feed. Cup feeding also involves tongue movements that are similar to the tongue movements that occurs during breastfeeding [3]. The physiological requirements of the new born are also met [6].

Advantages

- Baby-led. Baby can pace his own intake in time and quantity.
- Stimulates the development of the suck and swallow reflex.

- Saliva and lingual lipase stimulated leading to more efficient digestion of breast milk.
- Less energy output used by infant.
- Easy method of feeding.

Disadvantages

- Babies tend to dribble
- Term babies can become overly familiar to cup feeding causing breast refusal if breast feeding is not offered regularly.
- If the cup is held too tightly in contact with the baby's lips the skin can become broken (not common but can occur if the cup has a sharp rim).

Method

- Baby should be awake and alert
- Wrap the baby securely to prevent them knocking the cup
- Support the baby in a semi-upright sitting position
- If possible have the cup half full with the EBM (or alternative supplement)
- The cup should be slightly tilted and gently placed on the baby's lower lip
- When the baby opens his mouth the cup rests lightly on his lower lip and the milk just touches his lips
- **DO NOT POUR THE MILK INTO THE BABY'S MOUTH**
- Leave the cup in the correct position during the feed
- Do not keep removing the cup when the baby stops drinking
- The baby should be allowed to pace his own intake in his own time
- Use expressed breast milk whenever possible
- The cup must be washed and appropriately sterilised following use
- The cup is for the exclusive use of that baby

A CUP FEED SHOULD NOT REPLACE BREASTFEEDING WITHOUT CLINICAL INDICATION.

2. SYRINGE FEEDING

A variety of syringes can be used to give oral feeds. An appropriate-sized syringe should be used to accommodate the amount of milk that the newborn baby requires.

The amount to be given by syringe should not exceed 5mls.

Ideal for use in the first 48 hours to give colostrum.

Method

- Baby should be wrapped.
- In a semi-upright position.
- Babies breathing and swallowing needs to be well coordinated and needs to be observed and monitored throughout the feed.
- Milk should never be put directly on to the baby's tongue.

- The syringe should be placed in the baby's mouth and directed towards the baby's cheek.
- Quantities of milk should be given at no more than 0.5mls volume. This helps to prevent aspiration, which is always a danger when the baby cannot control the amount given to them.

BABIES SHOULD NEVER BE FED VIA SYRINGE IF LAYING DOWN

Syringes can also be used to encourage babies to breastfeed:

- The baby should be positioned at the breast close to the mother's nipple and areola.
- A little EBM can be dripped onto the nipple area from the syringe.
- The baby can then be encouraged to lick the milk from the nipple.
- If successful attachment is achieved then discontinue use of the syringe.

This method can be useful for babies who are reluctant at the breast as well as for premature babies who are learning to breastfeed.

3. BOTTLE FEEDING

All Families who introduce a bottle should be supported to feed responsively irrespective of EBM or formula use**.**

Supporting parents to use other methods to calm and soothe babies in the absence of breastfeeding such as cuddling, using skin-to-skin contact and generally responding in a timely and appropriate way to their baby's needs for love and attention will enhance parent-infant attachment.

Staff should support mothers to:

- Hold baby close securely during feeds
- Offering the bottle in response to feeding cues,
- Ensure the teat is in the correct position
- Make eye contact; talk to the baby
- Gently inviting the baby to take the teat,
- Pacing the feeds and avoiding forcing the baby to finish the feed
- Any unused feed must be discarded.

Support parents to give most of the feeds themselves (particularly in the early days and weeks), this will help them to build a close and loving relationship with their baby and help their baby to feel safe and secure.

REFERENCES

1. UNICEF (1998) The UNICEF UK Baby Friendly Initiative: A brief guide for health professionals.

2. Swansea NHS Trust (2005). Reluctant Feeder Guidelines.

3. Sandra Lang (2002) **Breastfeeding Special Care Babies**. Bailliere Tindall. London.

4. Mohrbacher.N et al (2003) La Leche League International. ***The Breastfeeding Answer book 3rd revised Ed.*** Schaumburg, Illinois

5. Biancuzzo,M (2003) ***Breastfeeding the Newborn. Clinical Strategies for Nurses***. Mosby. Missouri.

6. Marinelli, K. et al (2001) A comparison of safety of cup feedings and bottle feedings in premature infants whose mothers intend to breastfeed. J Perinatol 2001; 21 (6): 350-55.

7. Unicef UK Infosheet: | Responsive Feeding

8. McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ (2012) Infant Feeding Survey 2010, Health and Social Care Information Centre

9. Unicef UK Baby Friendly Initiative (2012) The evidence and rationale for the Unicef UK Baby Friendly Initiative Standards (visit www.babyfriendly.org.uk)

10. Murray L, Andrews L (2000) The Social Baby. Understanding Babies Communication from Birth . Richmond, CP Publishing.

Maternity Services

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