

Bottle feeding your baby

Best Practice Tips for Parents and Carers

This leaflet has been written to support you with safely bottle feeding your baby. We want feeding to be a positive and safe learning experience, which will continue whilst your baby is in hospital and then at home.

When is my baby ready to feed?

Babies born prematurely are not usually ready to bottle feed until they reach 34 weeks gestation. For all babies, readiness to feed is judged on several factors which tell us that they are likely to do so safely.

Feeding is an integral part of bonding with your baby. It enables you to get to know your baby and learn to communicate with each other. For your baby to develop good feeding skills, it helps to have consistent people feeding your baby and you, as their parents, are the best.

Your nurse, midwife, doctor or speech and language therapist are always available to discuss any feeding issues or concerns.

Recognizing and responding to cues

Your baby communicates with you through their movements and actions. These signs or cues, help you to know when they are ready to try feeding and when to rest.

Signs that your baby might be ready to try a bottle feed:

- Opening and closing their eyes.
- Awake and active.
- Licking and rooting, sucking on a finger or dummy.
- Rooting is a reflex that happens when a baby's cheek or lip is touched.



Signs your baby is not ready to try a bottle feed:

- Does not root, lick or suck.
- Looks sleepy.
- Rolls their eyes.
- Yawns, opens but doesn't close their mouth.
- Continue to watch for when they are next awake, or it is time for their next feed.

The nurse supporting you and your baby will help you to recognize these signs.

What is the elevated side lying bottle feeding?

This a bottle-feeding position that's being used more and more for preterm babies and infants who have feeding difficulties. This position is a natural and physiologically normal feeding position just like how a baby feeds at the breast.

It means the baby does not have to do any work at all to support its body while it feeds which makes for an easier and more relaxed feed for both the baby and you.

Baby is supported by 2 folded towels which provides them with a stable surface to lay on

You can clearly see your baby's face and watch for signs that they may need to pause for winding or stop

If the flow of milk is too fast - which it often can be at the start while your baby is mastering their suck swallow and breathe co-ordination – this position allows the milk to safely dribble out of your baby's mouth instead of coughing while feeding.

This is a great position for babies who have reflux or who are prone to vomiting. If you place the baby on its left side to feed it increases the space from the bottom of its stomach to the oesophagus making it less likely for them to vomit or reflux.

Baby's bottom on feeder's tummy



Feeder's feet on a stool to achieve elevation

Aerial view



Feeder's hand on baby's back (not head!)

Baby lying on 2 folded towels

Baby on their left side (feeder's left hand on baby's back)

- Your baby is placed in a side-lying position on their left on your lap, with their head at the top of the lap and their bottom against your stomach.
- Their head and trunk should be elevated to approximately a 45° to 60° angle, higher than your feet.
- Your baby's neck and spine should be in a natural straight alignment and hips flexed at 90° allowing the legs to curve around your stomach. Folded towels are used for extra support and appropriate elevation.
- Your legs shouldn't be crossed, and your baby should remain on your lap to encourage them to pace their feed.
- Your baby's shoulders can be swaddled with a blanket or thin sheet keeping their hands free.

- Support is given to the top of your baby's back but **not** restricting their head.
- Supporting the baby's posture in this way not only promotes their comfort and feeling of safety, but this natural feeding position allows the baby more control in pacing the feed.

Starting a feed...

Offer the bottle by putting the teat on your baby's lips and watch for your baby to open their mouth to accept the teat.

Give your baby time to prepare to accept the teat – some babies need more time than others

You could try stroking your baby's lips with the teat to encourage them to open their mouth. It's important not to force or push the teat into your baby's mouth.

Your baby will take the teat when they are ready.

You could try putting a drop of milk on your baby's lips to stimulate interest in sucking.

During a feed....

Babies need to pace themselves during feeding. They will suck in bursts and pause to take catch-up breaths.

Allow your baby to stop and wait for them to recover and start sucking again. It is important for your baby to control their feeding and you should not jiggle, turn, twist or move the teat in and out of your baby's mouth. Still hands when feeding is best practice.

Watch for signs that your baby has had enough or needs to rest. These signs might include:

- a drop in their oxygen levels (desaturating)
- arching their back or pushing away from the breast/bottle
- spreading their fingers
- falling asleep or closing their eyes
- hiccups or sneezes
- dribbling
- stop sucking
- change of colour to pale or red
- rapid breathing
- flared nostrils – indicates increased work of breathing
- eyebrow raising
- observe eyes – rapid or flickering movements, wide panicky eyes
- coughing or choking
- drooling/losing milk indicating the baby can't manage the flow or amount of milk.

If you see any of these signs, stop feeding, try winding them and talk to the nurse about finishing their feed using the NGT. You can then have skin-to-skin, a cuddle or put them back into bed. You will know what is right for you and your baby.

FEEDING SHOULD BE A MAXIMUM OF 20-30 MINUTES.

Always aim for a **positive** feeding experience **NOT VOLUME** taken