

Patient Information Leaflet for use in Maternity Services: Cup Feeding a well-baby born at 37 weeks gestation or later.

Why is cup feeding being recommended to supplement my baby?

Cup feeding is recognised as an effective and safe method of giving supplements of breastmilk or infant formula to babies that are finding it difficult to breastfeed or need extra milk for clinical reasons, where the volumes are greater than 5mLs. This is a *short term measure* used to support babies and staff will discuss with you the need for supplementation, the risks and benefits of different supplementation methods and will answer any questions that you may have.

For smaller amounts of colostrum we would usually suggest finger syringe feeding. Infant formula should not be offered via finger syringe feeding but can be offered via cup for volumes of 5mLs or more.

Cup feeding is known to interfere less with responsive breastfeeding than bottle feeding, and it encourages a baby to use their tongue and jaw in a similar way to breastfeeding so we suggest this method before offering a bottle teat.

While supplementing your baby, keep offering your baby plenty of opportunities to breastfeed and keep your baby close, in skin-to-skin contact as much as possible. This will allow your baby to regulate their breathing, heart rate and temperature and will stimulate your baby's feeding reflexes. Staff will support you with supplementing your baby and will help you to initiate and / or maintain breastfeeding.

What are the advantages of cup feeding my baby?

- During cup feeds the baby's heart rate, respiratory rate and oxygen saturation levels have been shown to remain stable.
- Babies learn to coordinate their breathing and swallowing during a feed, and can feed at their own pace.
- Cup feeding enables the start of milk digestion in the mouth using the digestive enzymes.
- Cup feeding is a non-invasive technique.
- Cup feeding appears to provide a positive experience for the baby, increasing the rates of exclusive breastfeeding at discharge.
- Cup fed babies seem to have more mature breastfeeding behaviours when compared with bottle feeding babies

What are the potential risks of cup feeding my baby?

The main risks to be aware of while cup feeding are:

- Choking – The baby must be encouraged to use his or her own rooting, sucking and swallowing reflexes while cup feeding. Baby should always have control over the cup feeding process and milk should never be poured into baby's mouth. In the rare situation that the baby starts to choke his/her face may change colour (to blue) and may show some difficulty in breathing normally. In this case, stop feeding immediately, tilt the baby forwards (place one hand on the baby's chest and allow his/her head to rest on the side of your palm), then stroke or gently clap his/her back till choking stops. Once recovered, allow the baby to rest for few minutes prior re-starting cup feeding.
- Infection –To minimize such a risk, equipment is for single patient use only, and must be cleaned and sterilized after each use. Wash hands and clean the preparation area during and after the procedure.

Who will cup feed my baby?

Once cup feeding supplementation has been agreed, ward staff (midwives, midwifery care assistants or nurses) will cup feed your baby in front of you, answering any questions or concerns you may have until you feel confident to do the cup feeds yourself.

When you feel confident to do so, you can start cup feeding your baby with the support / supervision of a member of the staff. When you feel you are ready to cup feed your baby independently, you will be asked to sign a 'Cup Feeding Competency Statement for Parents' that will be filed in the maternal hospital records.

What milk will my baby be cup fed with?

Breastmilk should always be offered first and may need to be 'topped up' with formula if your baby needs more than you are able to express at first, and for this reason we ask you to express regularly (at least 8 to 10 times a day) by hand or by pump, to stimulate your milk production. Hospital staff support you to express your breastmilk.

How much milk can my baby cup feed?

Generally cup feeding is used to feed amounts greater than 5mLs of milk. There does not appear to be any evidence to support a limit on the amount of milk that can be cup fed. However, is extremely important that milk is never poured into the baby's mouth and is essential that parents feel confident assessing the baby's behavior at feeding and allow the baby to pace the feed.

Will I be able to be discharged home while cup feeding my baby?

Yes, once you have signed the "Cup feeding competency statement for parents" (see table below) and if there is no other reason to keep you or your baby in hospital, you will be able to go home cup feeding your baby. Remember, this is a temporary

measure to support breastfeeding so keep offering your baby plenty of opportunities to go on the breast and continue skin to skin contact with your baby at home.

How to cup feed a newborn baby:

- Wash and dry your hands thoroughly before starting.
- Use a cleaned and sterile cup for every feeding session.
- Wrap your baby securely in a towel gently restraining your baby's hands so they can't wriggle or knock the cup. A bib is also a good idea as they can dribble quite a lot when learning to cup feed.
- Sit your baby upright on your lap, supporting the baby's shoulders and upper back allowing some room for their head to move freely.
- The baby should be encouraged to use his/her own feeding reflexes (eg. rooting and opening a wide mouth).
- Place an amount no greater than 20 ml in to the cup at a time, until your baby has had the required amount.
- Place the cup lightly on the baby's lower lip, without any pressure. The cup should be tilted to allow milk to just reach the baby's lips. Wait until the baby responds and smells the milk and starts to push their tongue out and lap at the milk.
- Be patient. The baby will begin to start to lap at the milk and take the milk at his/her own pace.
- Keep the cup still. **Never** tip the milk in as this could go into the mouth too quickly and cause the baby to choke.
- The baby may take breaks along the way. Allow them to do this. Sit them up and when they are ready you can start the process again.
- When they have had enough, they may show you this by closing their lips tightly.
- A baby who has not taken enough may take more the next time, or you may consider increasing the frequency of feeding if necessary.
- To cup feed a baby safely they must be awake and alert and responding to the stimulus of the cup of milk. For babies who are not alert and refuse to cup feed, another method of supplementing their feeds may need to be considered. Wash the cup thoroughly after use and sterilize it in order to be ready for next feed.

Statements of Competency	Parent Signature	Midwife Signature
I have received, read and understood the information leaflet: Information for parents / carers of a baby that requires cup feeding.		
I have been given a demonstration of cup feeding by a midwife / maternity care assistant / nurse		
I am aware of the Health and Safety issues around this procedure, including risk of choking: <ul style="list-style-type: none"> It has been explained to me what to do if my baby chokes, becomes unwell or changes colour whilst feeding I know what to do if this happens 		
I know how to effectively wash my hands and sterilize all equipment safely before its use		
I know how to safely position my baby for this procedure		
I have been informed about the quantities of milk to use for cup feeding		
I am aware of where to position the cup when feeding and not to tip the milk into the baby's mouth.		
I am aware that cup feeding is a slow process and to be patient and let the baby pace the feed.		
I am happy with sterilizing equipment following the feed and disposing of any unused milk appropriately.		

Parents Name:

Parents Signature:

Health Professional Name / Signature:

Date: dd/mm/yyyy/...../.....