

BOTTLE FEEDING IN THE NEONATAL UNIT • 1/2

INTRODUCTION

- Infant to be >34⁺⁰ weeks' gestation/CGA before bottle feed introduced
- greater maturity required in comparison to breastfeeding due to difference in suck/swallow/breathe pattern

AIM

- Cue based feeding approach by parents and staff
- Responsive and safe bottle feeding
- To prevent long-term oral feeding aversion

INDICATIONS

- Breastfeeding is the preferred feeding method for the majority of infants except if:
 - mother unable to breastfeed for medical reasons (e.g. maternal HIV, HTLV) or on treatment making breast milk unsafe
 - parental choice – discuss merits of breastfeeding, including bottle feeding expressed breast milk
 - infant's medical condition makes full breastfeeding impractical/unsafe

CONTRAINDICATIONS

- Mother has chosen to breastfeed
- Infant has a medical condition and specialist assessment identifies that bottle feeding contraindicated

Special precautions/cautions

- Medical condition indicates oral motor and pharyngeal skills may be compromised or delayed, impacting safety of infant's swallow (e.g. extreme prematurity, chronic lung disease, cleft palate, certain syndromes and neurological dysfunction); take special care introducing bottle feeds. Refer to speech and language therapy service

PROCEDURE

Action	Reason
<ul style="list-style-type: none"> • Parents/carers to be available for feeds 	<ul style="list-style-type: none"> • Consistency and co-regulation • Bonding and attachment • Supporting comfort and closeness
<ul style="list-style-type: none"> • Plan care activities in relation to feeding 	<ul style="list-style-type: none"> • Reduces fatigue and stress • Infant has optimum energy to practice and establish bottle feeding skills
<ul style="list-style-type: none"> • Ensure quiet environment with soft lighting 	<ul style="list-style-type: none"> • Supports reduced exposure to stress stimuli • Supports self-regulatory behaviours
<ul style="list-style-type: none"> • Observe for infant's readiness-to-feed cues: <ul style="list-style-type: none"> • stirring/eyes open • mouth opening/tongue moving • turning head, seeking, rooting • stretching • hands to mouth • Infant should also: <ul style="list-style-type: none"> • show a consistent wake pattern • have a stable respiratory system • be tolerating tube feeds 	<ul style="list-style-type: none"> • Reduces risk of aspiration • Reduces risk of feeding aversion
<ul style="list-style-type: none"> • Use a slow-flow teat 	<ul style="list-style-type: none"> • Allows time to co-ordinate suck/swallow/breathe pattern • Supports enjoyment and positive engagement with the bottle feed • Reduces aspiration risk
<ul style="list-style-type: none"> • Use elevated side-lying feeding position • Refer to: Elevated side-lying feeding position leaflet http://swmnohn.org.uk/guidelines/ • Contact speech and language therapist with any concerns/queries about a feeding position for a preterm infant in your care 	<ul style="list-style-type: none"> • Conserves energy • Increases control and co-ordination • Facilitates self-regulatory behaviours • Improves oxygen saturation levels • Enables safe clearance of oral residue/excess

BOTTLE FEEDING IN THE NEONATAL UNIT • 2/2

<ul style="list-style-type: none"> • Responsive bottle feeding approach • includes offering pacing during bottle feed to help infant co-ordinate sucking, swallowing and breathing together • gently touch infant's top lip with teat and allow him/her to draw it in and begin sucking bursts • adjust milk flow by lowering angle of the teat every few sucks • if infant shows they need to break/pause, remove teat from the mouth • If infant shows stress signs stop bottle feed: <ul style="list-style-type: none"> • yawning/drowsiness • colour change • finger splay • grimace/startled look • back arching • pushing teat out with tongue • agitation/turning head away • milk loss from sides of mouth • changes in saturations and heart rate 	<ul style="list-style-type: none"> • Supports suck/swallow/breathe co-ordination • Encourages a close and loving bond • Encourages self-regulatory behaviours • Facilitates social interaction • Reduce risk of aspiration
<ul style="list-style-type: none"> • Offer bottle feed for up to 15–20 min • monitor infant's response to bottle feed and stop sooner than above time if stress signs observed 	<ul style="list-style-type: none"> • Effects of prolonged bottle feed: <ul style="list-style-type: none"> • fatigue leading to reduced opportunities to practice bottle feeding • impact on growth and nutrition through energy expenditure • increase risk of aspiration and future feeding aversions
<ul style="list-style-type: none"> • Follow an infant driven feeding model • See Progression to oral feeding in preterm babies guideline and Feeding journey leaflet 2019 http://swmnodn.org.uk/guidelines/ 	<ul style="list-style-type: none"> • Skills established at infant's pace • Safe and positive feeding experiences • Modified responsive feeding • NGT as a safety net for nutrition
<ul style="list-style-type: none"> • Parents to room-in with infant before discharge 	<ul style="list-style-type: none"> • Enhances a loving and close relationship • Further learn and support infant's bottle feeding skill development
<ul style="list-style-type: none"> • Teach parents to prepare infant formula feeds following infection prevention guidelines 	<ul style="list-style-type: none"> • Prevents poor growth, infections and illness