

BOTTLE FEEDING IN THE NEONATAL UNIT • 1/2

INTRODUCTION

- **Baby** 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 co-ordination

AIM

- Responsive and safe bottle feeding
- **Cue based** feeding approach by parents and staff
- Prevent longer term sensory based feeding difficulties

INDICATIONS

- Breastfeeding is the preferred feeding method for **babies unless**:
- 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
- **baby's** medical condition makes full breastfeeding unsafe or unfeasible

CONTRAINDICATIONS

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

Special precautions/cautions

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

BOTTLE FEEDING IN THE NEONATAL UNIT • 2/2

PROCEDURE

| Action | Reason |
|---|---|
| <ul style="list-style-type: none"> Parents/carers to be supported to give majority of bottle feeding opportunities to their baby | <ul style="list-style-type: none"> Consistency Bonding and attachment Build secure and responsive relationships |
| <ul style="list-style-type: none"> Plan care activities in relation to feeding | <ul style="list-style-type: none"> Baby 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 baby to maintain a regulated state |
| <ul style="list-style-type: none"> Observe for baby's feeding readiness cues (stirring, stretching, mouth opening, seeking, rooting, hands to mouth) Baby should also: <ul style="list-style-type: none"> be able to maintain awake and alert state have a stable respiratory system be tolerating tube feeds be able to sustain rhythmic non-nutritive sucking on a finger or dummy | <ul style="list-style-type: none"> Supports a safe, co-ordinated and positive bottle feeding experience Reduces negative bottle feeding experiences e.g. aspiration and food refusal leading to sensory based feeding difficulties |
| <ul style="list-style-type: none"> Slow-flow teat Teat placed still on baby's bottom lip and baby opens mouth to take the teat into their mouth | <ul style="list-style-type: none"> Supports a safe, co-ordinated and positive bottle feeding experience Reduces negative bottle feeding experiences e.g. reduced co-ordination resulting in aspiration |
| <ul style="list-style-type: none"> Use elevated side-lying feeding position Refer to Elevated side-lying feeding position leaflet https://www.networks.nhs.uk/nhs-networks/west-midlands-neonatal-operational-delivery/neonatal-guidelines-2022-2024/ | <ul style="list-style-type: none"> Safe and comfortable Stable midline position and tone Supports co-ordination and pacing Improves oxygen saturations Enables safe clearance of excess milk |
| <ul style="list-style-type: none"> Pacing: <ul style="list-style-type: none"> baby observed for signs of needing a break and paced by removing the teat or lowering the teat to stop the flow | <ul style="list-style-type: none"> Supports suck/swallow/breathe co-ordination Supports baby to maintain a regulated state Builds secure and responsive relationships |
| <ul style="list-style-type: none"> Offer bottle feeding opportunities for up to 10–20 min Monitor baby's response to the bottle feed and stop sooner than the above time if changes in physiological stability (loss of colour, rapid breathing, fast heart rate), tone or behavioural state (finger splay, sudden onset of sleepiness, hyper-alert) are observed Assess and score using WMNODN bottle feeding assessment chart https://www.networks.nhs.uk/nhs-networks/west-midlands-neonatal-operational-delivery/neonatal-guidelines-2022-2024/ | <ul style="list-style-type: none"> Prolonged bottle feeding can: <ul style="list-style-type: none"> reduce bottle feeding opportunities because baby fatigues impact growth and nutrition through excess energy expenditure increase negative bottle feeding experiences e.g. reduced co-ordination resulting in aspiration and food refusal leading to sensory based feeding difficulties |
| <ul style="list-style-type: none"> Follow a cue based feeding approach See Progression to oral feeding in preterm babies guideline and the Feeding journey leaflet 2020 https://www.networks.nhs.uk/nhs-networks/west-midlands-neonatal-operational-delivery/neonatal-guidelines-2022-2024/ | <ul style="list-style-type: none"> Bottle feeding skills establish at baby's pace and emerging development NGT as a safety net for nutrition allowing bottle feeding skills to emerge and mature Support modified responsive feeding before moving to full responsive feeding |
| <ul style="list-style-type: none"> Parents to room in with baby before discharge | <ul style="list-style-type: none"> Builds secure and responsive relationships Allows neonatal team to support families transition to home with baby |
| <ul style="list-style-type: none"> Teach parents to prepare baby formula feeds following infection prevention guidelines Equipment washed and sterilised appropriately | <ul style="list-style-type: none"> Supports prevention of infection and illness |