

# BOTTLE FEEDING IN THE NEONATAL UNIT

## INTRODUCTION

- Babies may show signs they are ready to try a bottle feed around 34–36 weeks' gestation, but for some babies this will be later
- Greater maturity required in comparison to breastfeeding (<https://www.teamwmcn.nhs.uk/neonatal-guidelines>)
- Parents are essential and equal partners and should be empowered to take part in all aspects of their baby's care

## AIM

- Protect breastfeeding when this is parental choice
- Facilitate cue based and responsive feeding approach
- Positive bottle feeding experience following baby's cues and developmental abilities
- To mitigate persistent feeding and/or swallowing difficulties e.g. aspiration and/or sensory based feeding difficulties
- Essential to discuss benefits of direct breastfeeding, and potential impact of bottle feeding to breastfeeding and milk supply

## INDICATIONS

- Breastfeeding is the preferred feeding method for babies except if:
  - reasons parents are unable to breastfeed or breast milk feed e.g. medical condition (guidance provided by neonatal multi-disciplinary team)
  - parental choice to bottle feed (following informed conversations around feeding intention)

## CONTRAINDICATIONS

- Parental choice to exclusively breastfeed
- Signs from baby which may suggest reduced airway protection resulting in aspiration
- Advisory – medical conditions which may impact feeding and swallowing e.g.
  - extreme prematurity
  - respiratory difficulties
  - gastro-intestinal difficulties
  - neurological impairment, structural difficulties e.g.
    - cleft palate
    - syndromes and chromosomal abnormalities
- Seek support from speech and language therapy

## PROCEDURE

Action	Reason
<ul style="list-style-type: none"> <li>• Support cue based and responsive approach to bottle feeding</li> <li>• See <b>Progression to suck feeding in preterm babies</b> guideline and the <b>Feeding Journey leaflet</b> (<a href="https://www.teamwmcn.nhs.uk/neonatal-guidelines">https://www.teamwmcn.nhs.uk/neonatal-guidelines</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Feeding is a gradual developmental process in response to baby's cues and abilities</li> <li>• Transitioning from tube feeding to cue based and responsive bottle feeding enables baby time to develop and establish their feeding skills, and supports nutrition and growth</li> <li>• Support modified responsive feeding before moving to full responsive feeding</li> </ul>
<ul style="list-style-type: none"> <li>• Parents present and supported to be involved in baby's first bottle feed</li> <li>• Parents/carers to be supported to give most bottle feeds to their baby as primary care givers</li> </ul>	<ul style="list-style-type: none"> <li>• Supports parental partnership</li> <li>• Acknowledges importance of 'firsts' for families</li> <li>• Consistency</li> <li>• Attachment</li> <li>• Communication and interaction</li> <li>• Responsive feeding relationship</li> </ul>

<ul style="list-style-type: none"> <li>• Plan care activities around feeding opportunities based on baby’s cues</li> </ul>	<ul style="list-style-type: none"> <li>• Supports parental partnership</li> <li>• Acknowledges impact of care on baby to maintain energy and appropriate state for bottle feeds</li> </ul>
<ul style="list-style-type: none"> <li>• Developmentally supportive environment, e.g. quiet environment, appropriate lighting, paced transfer from cot to parent</li> </ul>	<ul style="list-style-type: none"> <li>• Supports baby to move to a quiet and alert state for feeding</li> </ul>
<ul style="list-style-type: none"> <li>• Observe for baby’s early feeding cues (opening eyes, stirring, stretching, rooting, bringing hands to mouth)</li> <li>• Baby should also:             <ul style="list-style-type: none"> <li>• have stable heart rate, respiratory rate (not &gt;60–65 breaths/min), adequate oxygen saturations, colour and skin tone appropriate for ethnicity</li> <li>• be beginning to maintain a quiet, alert state for longer periods at feed times</li> <li>• be able to bring hands to middle or to mouth, or beginning to maintain flexed posture</li> <li>• be able to initiate and sustain rhythmic non-nutritive sucking on a finger or dummy</li> <li>• be tolerating tube feeds</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Supports a positive feeding experience</li> <li>• Supports baby’s co-ordination of sucking, swallowing, and breathing when bottle feeding</li> </ul>
<ul style="list-style-type: none"> <li>• Slow-flow teat (preferably parents/carers own choice)</li> <li>• Baby invited to take teat</li> <li>• teat brushed downwards over midline of lips or placed still on bottom lip</li> <li>• baby opens mouth and accepts teat</li> </ul>	<ul style="list-style-type: none"> <li>• Supports positive experience for bottle feeds</li> <li>• Helps milk to move more slowly – will help baby to have more time and control to support sucking, swallowing and breathing when bottle feeding</li> </ul>
<ul style="list-style-type: none"> <li>• Supported elevated side-lying feeding position (<a href="https://www.teamwmcn.nhs.uk/neonatal-guidelines">https://www.teamwmcn.nhs.uk/neonatal-guidelines</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Comfortable</li> <li>• Conserves energy</li> <li>• Supports midline position</li> <li>• Supports pacing of sucking, swallowing, and breathing when bottle feeding</li> <li>• If milk flow too fast, milk can escape at side of baby’s mouth onto pillow</li> </ul>
<ul style="list-style-type: none"> <li>• Pacing:             <ul style="list-style-type: none"> <li>• respond to baby’s cues for signs that they may need support to pause to breath during bottle feeding</li> <li>• pacing offered by lowering or removing teat</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Enables baby to be an active participant in bottle feed</li> <li>• Supports co-ordination of sucking, swallowing, and breathing when bottle feeding</li> <li>• Supports cue based and responsive feeding relationship</li> </ul>
<ul style="list-style-type: none"> <li>• Observe baby’s bottle feeds in collaboration with parents and use bottle feeding assessment chart as a guide (<a href="https://www.teamwmcn.nhs.uk/neonatal-guidelines">https://www.teamwmcn.nhs.uk/neonatal-guidelines</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Follow and respond to baby’s early feeding cues</li> <li>• Use supportive strategies, e.g. elevated side-lying feeding position, slow flow teat and pacing</li> <li>• Follow and respond to baby’s pause and stop cues during bottle feeds</li> <li>• Use tube feed top ups to support baby to develop and establish their feeding skills in response to their developmental abilities</li> <li>• Score using bottle feeding assessment chart</li> <li>• <a href="https://www.teamwmcn.nhs.uk/neonatal-guidelines">https://www.teamwmcn.nhs.uk/neonatal-guidelines</a> to guide understanding of baby’s feeding development</li> </ul>

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<ul style="list-style-type: none"><li>• Practice with parents how to make up baby formula feeds following World Health Organisation and Department of Health and Social Care guidelines</li></ul>	<ul style="list-style-type: none"><li>• Supports prevention of infection and illness</li></ul>
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