

Beyond bottles: when a breastfed baby requires additional milk

IBCLCs Sharon Breward MBE, Kathryn Stagg and Ann Bruce present options for assisted feeding that avoid using bottles. [This article accompanies our animation for parents](#)

Some babies need extra milk. Maybe baby is not yet able to attach to the breast well, or maybe the mother is working on building up her lactation, or is separated from her baby. Perhaps the baby is not yet feeding effectively or is struggling to gain weight.

Bottle feeding is ubiquitous in our society and when a baby needs extra milk, a bottle is often suggested by health professionals involved in their care. However, using bottles can make breastfeeding more challenging.

Research suggests that early introduction of bottles and teats leads to premature cessation of breastfeeding. Reasons for this may be that the feeding technique and experience is quite different. The teat can be a firm stimulus to the baby's suck reflex and the baby may become progressively less responsive to the softer stimulus of mother's nipple - baby may exhibit behaviour such as increased 'fussiness' at the breast or breast refusal once accustomed to fast flowing milk from a bottle and teat.

In addition, the impact on the mother's confidence and feelings of self-efficacy when her baby needs to be given additional milk is often overlooked. A mother may be aware that using bottles and teats can significantly undermine breastfeeding and be anxious to avoid their use.

A mother may be unaware that bottles and teats may undermine breastfeeding and enter into their use with little safeguards in place to protect her breastfeeding and find herself with subsequent feeding issues that could have been avoided.

For an assisted feeding method to work well and avoid undermining breastfeeding:

- It needs to be suitable for the baby and the individual feeding situation
- The mother needs to view it positively as supportive of her breastfeeding goals and not 'supplative'.

There are actually many ways of delivering extra milk to a baby which can be effective at supporting breastfeeding. This is a brief overview of some assisted methods of feeding that Breastfeeding Supporters may wish to become more familiar with:



Breastfeeding aide tube

If a baby can attach to the breast effectively, they could have extra milk via a tube at the breast.

The other end of the tube is placed in a container of milk. As the baby suckles at the breast extra milk is delivered via the tube. The flow can be adjusted by raising or lowering the milk container.

This encourages the baby to stay at the breast, so alongside delivering the required extra milk, it also helps stimulate the mother's lactation.

There are commercially available kits for breastfeeding aide devices, and 'Nursing Support tubes' are also available to purchase to make up a breastfeeding aide tube device.



Spoon Feeding

If a young baby needs small quantities of colostrum or milk, a spoon can work well.

Baby needs to be awake and alert in order to take milk from a spoon. Baby should be well supported in a semi upright position. Milk is placed on a clean, shallow plastic spoon and brought to the baby's lips. Baby sucks and laps the milk from the spoon. Milk should not be poured into the baby's mouth as this risks the baby aspirating the milk.



Syringe Feeding

Another great option particularly for small quantities of colostrum is via a syringe (no needle).

Colostrum in small 'doses' is introduced via the syringe into the corner of the baby's mouth, aimed into the cheek and the baby observed closely for acceptance of milk and safe swallowing.

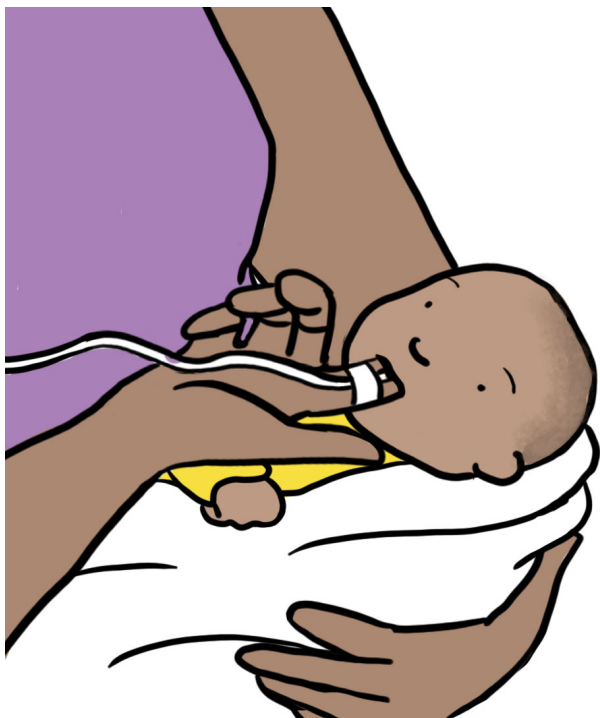


Cup Feeding

For larger volumes of milk a small baby feeding cup can be used. In the home any clean suitable receptacle can be used - a clean 'shot glass' or egg cup can be used successfully. Again, baby should be positioned so s/he is well supported in a semi-upright position, bring the cup to the baby's mouth. Tip the milk slightly so the milk reaches the edge of the cup and the baby will lap the milk.

Milk should not be poured into the baby's mouth as this risks the baby aspirating the milk.

Cup feeding is often preferred as an adjunct to breastfeeding in resource-poor settings as they are usually easier to keep clean and avoid the potential for contamination and illness associated with unhygienic bottle use.



Finger Feeding

For slightly larger volumes of colostrum or milk, finger feeding using a syringe is an effective, accessible, and popular option with many families. Baby is supported in a semi-upright position facing the parent so there is good eye contact and baby can be closely monitored. Baby is encouraged gently to accept a clean finger orally. Once the finger is accepted and resting lightly at the hard palate/soft palate junction the baby's suck reflex is triggered. Baby starts sucking and swallowing rhythmically, the tip of the syringe is placed gently into the corner of the baby's mouth and pressed very gently to introduce milk in small volumes (e.g 0.1-0.2mls). The parent monitors the baby closely so that milk is introduced in a slow and paced manner that baby is clearly coping well with and enjoying.

Finger feeding can also be done using a feeding tube taped onto a clean finger. Baby is supported in a semi-upright position facing the parent so there is good eye contact and baby can be closely monitored. Place or tape a feeding tube to a clean finger. The other end of the tube is placed into a container of milk. Baby is encouraged gently to accept the clean finger (nail side down) with tube attached orally. Once the finger is accepted and resting lightly at the hard palate/soft palate junction the baby's suck reflex is triggered. Baby starts sucking & swallowing rhythmically and milk is drawn up through the feeding tube. Baby's sucking controls the flow, although the flow rate can be varied by raising or lowering the height of the container of milk.

The sucking mechanism of finger feeding is considered to be more similar to suckling at the breast. Finger feeding using a syringe or feeding tube can work really well with babies who can't yet attach well and feed effectively and who require additional milk 'top ups'. Supporting not supplanting the dyad's breastfeeding journey.

When helping parents to draw up and implement a feeding plan, all methods of assisted feeding should be considered and discussed - it is often helpful if more than one assisted feeding method is employed as part of a feeding plan, e.g. a common approach when weight gain needs a boost is for the mother to breastfeed using a breastfeeding aide tube for some breastfeeds and her partner to finger feed additional milk after other breastfeeds.

Bottle and teat use has overwhelming cultural connotations in our society and once introduced appear to often negatively affect maternal confidence and self-efficacy and lead to early breastfeeding cessation.

Offering information on and supporting the use of a 'toolkit' of assisted feeding methods that do not appear to undermine breastfeeding in the same way may empower the mother to continue her breastfeeding journey despite her baby requiring additional milk from another source for a period of time.