How to bottle-feed the breastfed baby

July 28, 2011. Posted in: Feeding baby

More Sharing Services

…tips for a breastfeeding supportive style of bottle feeding

PDF version (great for child care providers)

by Eva Lyford. Reprinted with permission from the author.

Often, as infant feeding specialists, lactation consultants and other experts in the field of human lactation are asked how to properly bottle-feed a baby. Direct breastmilk feedings from the mother's breast are always preferred to any artificial source or substance. In addition, there are often alternatives to bottle-feeding, such as cup feeding, which should be explored. For the baby who has to be bottle-fed, following is some information to help make the experience a good one for the baby and also to make sure that breastfeeding is fully supported even when artificial feedings are used.

This information can also be useful in evaluating infant care providers and for instructing them on how to bottle-feed a breastfed infant. Note that when working through any feeding difficulties with an infant, a lactation consultant is an excellent resource for evaluating methods for their appropriateness to the specific situation.

While useful for any bottle-fed infant, this information is particularly targeted towards infants between 12 weeks and 6 months of age.

Babies should be bottle-fed:

1. When their cues indicate hunger, rather than on a schedule.
2. Held in an upright position; it is especially important to avoid letting the baby drink from a bottle when lying down. Such a position is associated with bottle caries and an increased frequency of ear infections. Note also that babies should be held often at times when they are *not* being fed, to avoid the baby being trained to eat in order to be held.
3. With a switch from one side to the other side midway through a feed; this provides for eye stimulation and development, and thwarts the development of a side preference which could impact the breastfeeding mother.
4. For 10-20 minutes at a time, to mimic the usual breastfeeding experience. Care providers should be encouraged to make appropriate quantities last the average length of a feeding, rather than trying to feed as much as they can in as short a time as possible. This time element is significant because the infant's system needs time to recognize satiety, long before the stomach has a chance to get over-filled.
5. Gently, allowing the infant to draw nipple into mouth rather than pushing the nipple into the infant's mouth, so that baby controls when the feed begins. Stroke baby's lips from

top to bottom with the nipple to illicit a rooting response of a wide open mouth, and then allow the baby to "accept" the nipple rather than poking it in.
6. Consistent with a breastfed rhythm; the caregiver should encourage frequent pauses while the baby drinks from the bottle to mimic the breastfeeding mother's let-down patterns. This discourages the baby from guzzling the bottle and can mitigate nipple confusion or preference.
7. To satiation, so that baby is not aggressively encouraged to finish the last bit of milk in the bottle by such measures as forcing the nipple into the mouth, massaging the infant's jaw or throat, or rattling the nipple around in the infant's mouth. If baby is drowsing off and releasing the bottle nipple before the bottle is empty that means baby is done; don't reawaken the baby to "finish." See Bottlefeeding tips from AskDrSears.com.

The benefits of bottle-feeding in this manner:

1. The infant will consume a volume appropriate to their size and age, rather than over- or under-eating. This can support the working and pumping mom who then has an increased likelihood of pumping a daily volume equivalent to the baby's demand.
2. This can minimize colic-like symptoms in the baby whose stomach is distended or over-fed.
3. It supports the breastfeeding relationship, hopefully leading to longer durations and increased success at breastfeeding particularly for mothers who are separated from their nurslings either intermittently or recurrently.