

Alternative methods to feed a baby who is struggling to breastfeed.

In the early days some babies will have difficulty latching and staying latched to the breast or be unable to latch to the breast at all. Some babies will struggle to get enough milk from the breast. These issues can often be resolved with the right support but in the interim the baby still needs to be fed and this is usually done by bottle. However, there are concerns that the use of the bottle in the early stages of establishing breastfeeding can undermine the chances of breastfeeding success. The way a baby uses their tongue and suckles on a bottle is very different from how they suckle on a breast so there may be potential for the baby to develop 'sucking confusion' although there is conflicting evidence relating to this. A more significant issue is babies can start to become lazy at the breast if they have lots of exposure to bottles as they develop a preference for the faster flow. Paced feeding explained here in this video <https://www.youtube.com/watch?v=OGPm5SplxXY> can reduce the risk of this preference developing but won't eliminate it. Further issue is that the use of bottles, familiar to so many of us, can undermine a parent's confidence in breastfeeding.

So, what are the alternatives?

In the first few days after birth colostrum can be given by syringe or cup feeding.

Before feeding your baby:

- wash your hands thoroughly with warm, soapy water and dry on a clean towel.
- gather everything you will need (syringe, cup, lactation aid, finger feeding tube, expressed milk or formula, muslin, and so on)
- Hold baby close in an upright position on your lap in which you are both comfortable. They should be awake, calm and alert and showing signs of hunger such as licking their lips, rooting, sucking their hands, and wriggling (your baby must be awake, calm, and alert to avoid choking)
- Make eye contact with your baby and talk to them.
- Encourage rooting by stroking baby's lips.
- Pace the feed as this will help baby cope with the flow and regulate their intake. They will stop when they are full.
- Signs baby needs a pause or is getting full include – splaying of fingers and toes, ceasing to suck or lap, spilling milk, turning away, pushing the feeding device away and raising their hand up to their face.
- Never tip milk into your baby's mouth when cup feeding as this can cause choking.
- If baby coughs on the flow sit them up and gently pat their backs.

Syringe Feeding

Video of syringe feeding <https://youtu.be/pXWUOQKIQiU>

Cup feeding

You can purchase small cups for feeding babies. These include the [Maymom Feeding Cup](#), [Medela Cup Feeder](#), [Baby Cup](#) and the [Flexi Cup](#). Or you can just use a shot glass, egg cup or lid form a baby feeding bottle.

Place the quantity of breastmilk or formula you want to give in the cup but do not fill the cup more than two thirds full.

With baby held upright, comfortable, and secure in your lap allow baby's head to tilt back a little and stroke the rim of the cup against baby's upper lip to encourage them to open their mouth. Then place the rim of the cup into the lower lip and gently tip the cup just enough so the baby can lap it from the cup.

Observe for signs baby needs to pause and pause the flow regularly by tipping the cup into an upright position or removing from the lips completely.

Video of cup feeding <https://youtu.be/KJmPDn3EA24>

Whilst cup feeding and syringe feeding can work well for small feeds up to about 30ml, once baby is needing larger volumes then these are the alternatives:

Finger feeding



Finger feeding with a tube device can be a useful way of avoiding bottle exposure. But the benefits go beyond this. they technique a baby uses when sucking on a finger is like that used when sucking at the breast so it provides good suck training for babies who are not able to latch to the breast or cannot sustain the latch at the breast. it can help to improve tongue tone in babies with low tone, poor seal and/or a weak suck. This can be an issue in small, or premature babies, babies with Downs Syndrome and following tongue-tie division. it can also be used to train babies to place their tongue forwards over the lower gum during feeding and can help teach babies how to regulate the changes in flow they will experience at the breast.

1. Breastmilk or formula is placed in a sterilised baby feeding bottle.
2. A large hole or slit is cut in the tip of the bottle teat using scissors to create a hole that is large enough for the infant feeding tube to be threaded through the teat.
3. The infant feeding tubes used are a size 5FG.

4. Snap the cap off the end of the tube and then the plug end of the tube is placed into the milk and the tip of the tube is threaded up through the teat and the teat is then screwed onto the bottle.
5. The baby can then be held upright, comfortable, and secure position on the parent's lap or in a baby chair.
6. The tip of the feeding tube is placed at the tip of the parent's index finger against the pad of the finger. It can be secured in place with the thumb of the same hand or a piece of Micropore tape (available from a chemist or Amazon) placed between the first and second joints of the index finger.
7. The parent then strokes baby's lips with the tip of the index finger and when they open their mouth side slides the fingertip in with the pad side facing up into the roof of baby's mouth.
8. Baby will draw in the finger to the right depth (usually to the point where the lips are at or close to the first finger joint) and baby will start to suck.
9. Raising the bottle of milk to above the height of baby's head will speed up flow at the start of the feed but once the milk has travelled up the tube to baby's mouth lower the bottle to the height of baby's head. for most babies this will be the right pace. But if baby is struggling to keep the milk coming up the tube raise the bottle. if baby is gulping or coughing on the flow it is too fast so lower the bottle to slow it down.
10. It is important to ensure the baby is keeping their tongue over the lower gum whilst finger feeding so if you can feel the lower gum rubbing your finger then take your finger out of the baby's mouth and start again.
11. As baby gets better with finger feeding you can challenge them by lowering the bottle to slow the flow.
12. Finger feeding can be used at every feed and for full feeds to avoid bottles. it can also be used 2-4 times a day with as little as 30mls or so of milk as suck training.
13. With practice a lot of parents of babies with sucking difficulties have reported to me that their babies have fed more efficiently and are less windy when fed with finger feeding, compared to bottle feeding.

Lactation aid

This method of feeding avoids bottle exposure by keeping baby at the breast for top ups and has the added advantage of increasing milk supply via increased breast stimulation and it teaches baby's to be more effective at the breast. Babies need to be able to latch to the breast and stay latched for this to be an option, but it can work well for those babies who struggle to finish a feed at the breast due to fatigue and those babies who need topping up due to slow weight gain or low milk supply. It can also be a valuable tool in situations where parents are relactating or inducing lactation, in situations where a non-birthing parent will be feeding the baby or where the parent cannot produce enough milk for their baby for whatever reason but wants that relationship with the baby at the breast.

For this method you can use a homemade lactation aid or buy a supplementary nursing system device. Two are available in the UK. one is made by Medela and the other by Haakaa. The Haakaa

device has a very thick tube and I have concerns about this making flow too fast and interfering with the baby's latch so I would suggest looking at the Medela one. Although most parents start with a homemade device and many stick with this.

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3. The infant feeding tubes used are a size 5FG.
4. Snap the cap off the end of the tube and then the plug end of the tube is placed into the milk and the tip of the tube is threaded up through the teat and the teat is then screwed onto the bottle.
5. The bottle can then be hung round the parent's neck on a ribbon or string and tube can be secured in place at the breast with micropore tape (available from chemists or Amazon).
6. The tube needs to be secured so the tip of the tube is level with the nipple tip and the tube should be placed at the nipple, so it goes into the corner of baby's mouth when latched or under the top lip. if it is placed under the nipple where the chin will sit the milk will not flow.
7. Baby is then latched onto the breast with the tube in place, so the baby latches onto both.
8. An alternative to taping the tube on place is to latch baby to the breast and then insert the tip of the tube into the corner of the mouth as show in this video <https://vimeo.com/207503100>
9. As they suck milk will come up the tube, but parents can assist with this by raising the bottle to increase flow.
10. Once milk is flowing up the tube having the bottle at the height of baby's head will for most babies achieve the right rate of flow.
11. With the lactation aid we generally recommend putting baby to the breast first, without the lactation aid, and then attaching this for the top up, unless milk supply is very low or absent. Butt your IBCLC will advise on how best to use this.
12. The device can be used on one or both breasts within the same feed.

Cleaning

Feeding cups can be washed with hot, soapy water and sterilised in the usual way between uses.

Syringes and feeding tubes are not designed to be exposed to heat so should not be sterilised with steam, in microwaves, etc.

It is generally considered acceptable to reuse the syringes and tubes for up to a week, but these should be rinsed immediately in cold water to remove the milk, then washed thoroughly in hot, soapy water and then rinsed in plain water, shaken to remove excess water left to dry. a syringe can be used to rinse and wash out the feeding tubes. If you want to sterilise them then sue the cold-water method where you add sterilising tablets or fluid to cold water and leave to soak. These sterilising fluids and tablets are available on the baby isle of every UK supermarket and a popular brand is 'Milton'.

