

Therapeutic Use of Bottle Feeding for a Breastfeeding Baby



There may be times when doing some short term or intermittent bottle feeding may be a stepping stone to successful breastfeeding. Of course, the feeding of choice is the mother's pumped breastmilk, but formula may be necessary in selected situations.

Temporary use of a bottle nipple may be useful for:

- ✓ Allowing extremely sore nipples time to heal when they are not responding to attempts to correct the positioning and latch-on.
- ✓ Disorganized or dysfunctional suckle.
- ✓ Giving a mother who has emotionally reached her "limit" a short break.
- ✓ A baby who will not open his mouth wide enough to achieve a deep latch-on.
- ✓ Parents or their primary health care provider who are reluctant to try alternative types of feeding methods (finger feeding, cups, etc) to remedy a problem.

Choosing a bottle:

Select a bottle nipple which promotes a suckle and most closely resembles a correctly positioned breast nipple (teat) in the infant's mouth. Many bottle nipples promote a shallow latch-on, fast flow, jaw clench and elevated posterior tongue.

Select a nipple with a

- ✓ long shank
- ✓ conical shape
- ✓ slow flow



How do you know if you are using the proper flow rate for your baby? He should be able to finish a feeding in 15-20 minutes. Use either smaller or larger size holes or more holes in the nipple to achieve this.



Incorrect
Baby horizontal
Bottle vertical

Paced bottle feeding

Advance nipple in infant's mouth until it is open to 140° to encourage a wider mouth while suckling at the breast.

Most bottle nipples will drip at a rapid pace when held vertically. This will either over-whelm the baby with milk or teach him to expect a rapid flow when sucking at the breast. When he goes back to the breast, he may be dissatisfied with the flow from the breast. Typically, a baby sucks a few times and releases the breast, sucks a few times more and comes off the breast. Eventually he will become frustrated and cry and possibly refuse to go back to the breast.

Avoid this by holding the bottle as horizontal as possible (while still keeping milk in the tip of the nipple). The baby will have to suck to get the milk out; gravity will not increase the flow. The mother can hold her baby "cheek to breast" to get the same feel and smell as if he were breastfeeding.



Correct
Baby upright
Bottle horizontal

Specialty bottles:

There are bottles with special features for unique situations. Gentle compression can be applied to both of these bottles for infants who cannot achieve adequate suction or have inadequate strength or sucking skills.

The Haberman bottle (Special Needs Feeder) has a nipple with an adjustable/variable flow depending on how it is held. It may be useful for infants that have a weak suck or disorganized suck. The Haberman bottle is available from Medela, Inc. <http://www.medela.com>

The Adiri bottle is made of soft, rounded silicone resembling a breast, with a straight nipple. It is a new one piece bottle and nipple combination and there is little experience with its use. It does require jaw compression at the base of the nipple to obtain milk. The manufacturer does not claim it will be useful in correcting sucking problems. It is available from Adiri <http://reliabrand.com/>

Returning the baby to the breast:

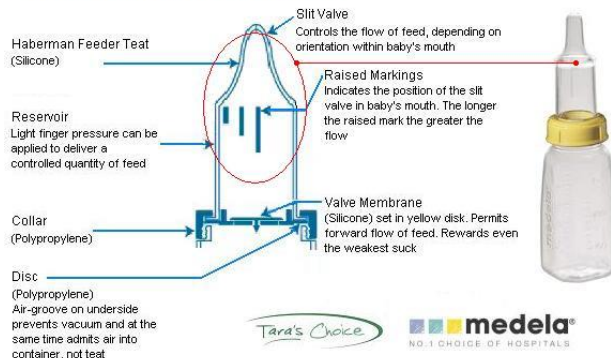
Hold the baby as if breastfeeding, switching arms mid-feeding, talk and caress the baby during feedings and snuggle the baby after feedings. Offer lots of skin-to-skin contact during and between feedings. Bottle feed the baby with his cheek to the breast.

Offer the breast using correct positioning and latch-on at a time that the baby is not frantically hungry. The baby may be more willing to go back to the breast if a ounce or so is given by bottle and then he is switched quickly to the breast.

A feeding tube device may be used to stimulate a faster flow in the transition back to the breast.

Always make the breast a comforting and non-stressful place to be. Do not persist at the breast for that feeding if the baby is stressed or crying. Offer the bottle and try again at the next feeding. Patience and persistence will pay off.

The Haberman feeder - How it works



References and Resources:

Adapted from handout by Barbara L Boston RNC WHNP IBCLC
Coates, Mary-Margaret. "Choosing a Bottle" Bottle Feeding with Love. J Hum Lact 6:1:10-11, 1990.
Noble R, Bovey A. Therapeutic teat use for babies who breastfeed poorly. Breastfeeding Review. 5:2:37-42, 1997.

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