



Alternative Feeding Methods

When an infant needs a supplement for a medical reason, provide it in a way that is least likely to result in subsequent breast refusal. Babies can safely be fed by tube, cup, spoon, finger or bottle.

Complementary Feeding at the Breast/Chest

Equipment

- Feeding tube, curved tip dental syringe, or commercial feeding tube device
- Pumped breastmilk, donor milk, or breastmilk substitute

Procedure

- Place the infant at breast/chest in cradle or football hold.
- Assist the infant to latch.
- Slip the feeding tube or curved tip dental syringe into corner of infant's mouth or have a commercial feeding tube device in place.

or

- Tape the tubing to the breast so the infant takes both the breast and the tubing in during latch. The tubing will be less obtrusive to the infant if it is placed in the corner of the mouth.
- Reward sucking with a small bolus of milk.
- Observe for swallowing and signs of too fast or slow milk flow.



Cup or Spoon Feeding

Equipment

- Medicine cup, shot glass or other small cup
- Teaspoon
- Pumped breastmilk, donor milk, or breastmilk substitute

Procedure

- Assure infant cannot accidentally hit the cup or spoon.
- Fill cup not more than 3/4 full.
- Place cup on lip with the fluid level with the edge of the cup.
- Allow infant to lap or sip.
- Leave the cup in place, only removing to refill it.
- Let the infant pace the feeding.
- Observe for swallowing and signs of too fast or slow milk flow.
- DO NOT POUR MILK IN INFANT'S MOUTH.
- Stop to burp from time to time.
- Not an appropriate technique for an infant who is not alert, is sleepy or ill.



Finger Feeding

Equipment

- Feeding tube, curved tip dental syringe, 5-20 cc syringe, or commercial tube feeding device
- Pumped breastmilk, donor milk, or breastmilk substitute

Procedure:

- Wash your hands.
- Fill the container.
- Insert your finger, pad up, slowly in the baby's mouth to the soft palate.
- Slip the feeding tube or syringe in corner of infant's mouth or have it taped to your finger.
- The baby will pull the fluid from the container as he sucks on the finger.
- The baby should always be in control of the flow.
- Observe for swallowing and signs of too fast or slow milk flow.



Paced Bottle Feeding

Equipment

- Nipple with medium/wide base (infants mouth should be open to 140 degrees similar to breastfeeding) and a slow flow
- Pumped breastmilk, donor milk, or breastmilk substitute

Procedure

- Position the infant nearly upright in the caregiver's arms.
- Simulate attachment to the breast by resting the nipple on the infant's philtrum. When the infant's mouth opens, tip the nipple deeply into the mouth.
- Position the bottle horizontally to aid in pacing the feed. Lower the bottle quickly if the milk is flowing too fast for the infant to swallow.
- Pace the feeding to approximately the same suck-swallow-breathe and pause ratio as in breastfeeding.
- Observe for a good latch on the bottle:
 - The nipple reaches deeply into the mouth
 - The tongue cups the nipple
 - The lips open widely and rest on a portion of the base
 - The lips form a complete seal, with no leaking at the corners
 - The baby is comfortable with the flow (no falling asleep or gulping)

