

New thoughts on using bottle nipples with breastfed babies

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.

Situations where judicious use of bottle feeding may be helpful:

Allow extremely sore nipples time to heal when they are not responding to attempts to correct the positioning and latch-on.

Disorganized or dysfunctional suckle.

Mother has emotionally reached her "limit" and needs a short break.

The baby will not open his mouth wide enough to achieve a deep latch-on.

Parents or their primary health care provider are reluctant to try alternative types of feeding methods (finger feeding, cups, etc) while trying to remedy a problem.

Choosing a bottle:

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

Select a nipple with a long shank, medium sized base (for a newborn, large for older and larger infants) and small holes preferably on the top rather than the tip. Bottle nipples that have been used successfully include Dr Brown's and Medela. For older infants try Avent System newborn nipple, Munchkin slow flow nipple, Health Flow stage I nipple, Gerber NUK. The baby 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.

Using the bottle nipple correctly:

Position the nipple fully in the infant's mouth (at least 1 inch) so the lips cover the broad base and the jaw is open wide. 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.

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. Then 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.

If the mother is bottle feeding the baby, instruct her to place the baby “cheek to breast” to get the same feel and smell as if he were breastfeeding.



Correct Technique



Incorrect Technique

Specialty bottles:

There are bottles with special features for unique situations.

The Haberman bottle has a nipple with an adjustable/variable flow depending on positioning. 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 BreastBottle <http://www.adiri.com/>

Returning the baby to the breast:

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 an ounce or so is given by bottle and then he is switched quickly 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.



References and Resources:

Adapted from handout by Barbara L Boston RNC WHNP IBCLC

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Noble R, Bovey A. Therapeutic teat use for babies who breastfeed poorly. *Breastfeeding Review*. 5:2:37-42, 1997.

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