

Guidelines for Non-Bottle Infant Feeding Methods



Why use “non-bottle” alternative feeding methods?

- It is easy for babies and parents to learn
- It avoids "nipple confusion" when mom desires to breastfeed and baby is not latching well. Using a bottle promotes a shallow latch, and can cause breastfeeding problems.
- Does not take much energy from the baby
- Takes just about as long as bottle feeding



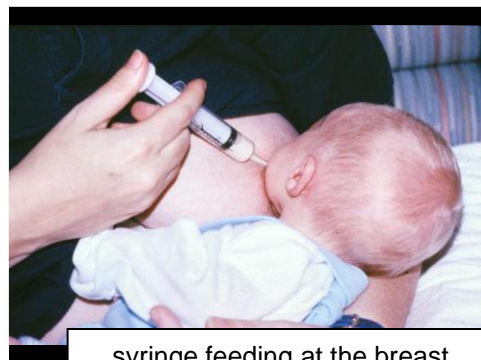
expressed colostrum

When to use alternative feeding methods:

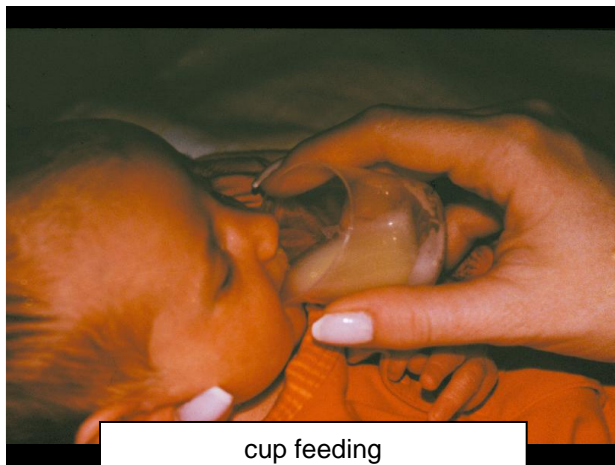
- When mom is unavailable
- When baby is not latching well at the breast
- When baby is not getting enough milk at the breast
- When mom and baby are separated

What you need to syringe, tube, finger, spoon or cup-feed:

- A small cup (medicine cup, shot glass, Dixie cup)
- A medicine dropper or oral feeding syringe
- A spoon
- A feeding tube (French no. 5 size works well)
- A bib or washcloths for small spills or dribbles
- Pumped breast milk



syringe feeding at the breast



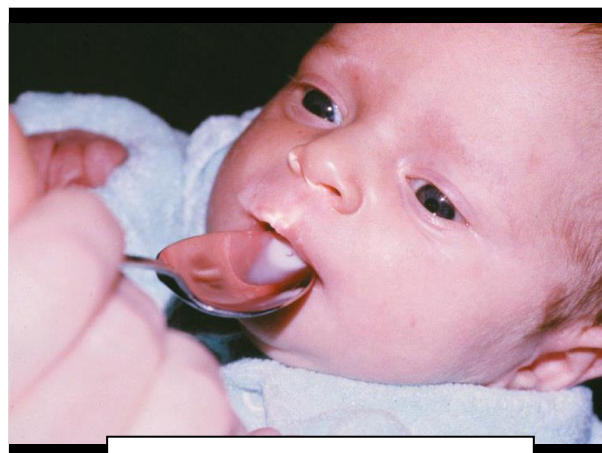
cup feeding



tube feeding at the breast



finger feeding



spoon feeding

Step-By-Step Guidelines

1. **Before your milk comes in:** pump leaning back so your colostrum pools against your nipple inside the pump flange (small drops of thick, sticky colostrum are hard to get out of the bottom of the bottle). Hold a small cup underneath the pump flange. When you tip the flange up, your colostrum rolls into the cup. Try to collect all the colostrum sticking to your skin.
2. **After your milk comes in:** you can pump “normally” so the milk collects in the bottles.

Cup Feeding

- Hold baby upright (about 45 degrees).
- Place the cup gently right “in” baby’s mouth, with the rim touching the corners of baby’s mouth and baby’s bottom lip extended underneath the cup.
- The milk should be “brimming” at the baby’s lips, not flowing in baby’s mouth.
- Some babies will “sip” and some babies will “lap” the milk, like a baby kitten.
- Expect some spillage – you’ll both get better at it with practice.

Finger Feeding

- Hold baby upright (about 45 degrees), skin-to-skin on mom’s breast is best!
- Dad’s clean fingers are great (they are usually bigger so baby opens wider, like on the breast).
- Gently wiggle your finger straight into baby’s mouth (straight in, so baby’s lips can make a good seal around your finger), nail down (so the curved pad of your finger fits into the curved roof of baby’s mouth).
- Gently rub your finger along roof of baby’s mouth to stimulate the suck reflex, then let baby draw your finger as far back as they want (you’ll feel baby’s tongue come out under your finger to suckle).

Feeding tube (SNS) at the breast

- Latch baby, and aim for a comfortable, deep latch as possible.
- After baby establishes a suck pattern, gently insert the feeding tube at baby’s upper lip or corner of their mouth and aim the tube along the roof of baby’s mouth.
- Keep inserting the tube little by little until you see milk being drawn up through the tube – this is the “sweet spot”.
- Some parents find latching baby onto the breast and the tube at the same time works.
- Some moms tape the tube to their breast, but it’s not necessary.

Setting up a feeding tube (for finger feeding or at the breast)

- **Smaller amounts of colostrum or milk:** Attach the tube to a syringe filled with colostrum or milk. Push milk through the tube until it flows through the end (so baby swallows less air).
- **Larger amounts of milk:** Use scissors to cut the tip of a bottle nipple so there is a bit larger hole (you won’t use this nipple for feeding). Drop the connector end of the tube in your bottle of expressed milk and feed the other end up through the hole you made in the nipple. Twist the nipple onto the bottle. This helps keep the tube in place and prevents spills.
- Keep the bottle at or slightly below baby’s head so gravity doesn’t affect milk flow and baby can be in control of the feeding pace. When latched to breast or a finger, baby will suck the milk through the feeding tube like a straw.
- If milk is in a syringe, you may have to push a little through until baby gets a good seal and starts a siphon. Often, babies’ suck is strong enough to pull milk without any pressure on the plunger; some babies need just the weight of your thumb without much active pushing.

Using alternate feeding methods can seem awkward at first but become easier with practice, and in most situations are only necessary for a short time (1 – 3 days). The goal is to ensure your baby gets the nutrition they need without interfering with learning to latch. Keep in touch with your lactation specialist and continue working on latching baby at the breast.

Questions?

**CALL Kodiak KINDNESS
(texts won’t wake us up!)
at 907-539-2660**

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You are never bothering us!**