



Information

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Informational Handout

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THE TRANSITION TO BOTTLE FEEDING

by Bonne Dunham, RN, IBCLC, March 2018

Transitioning from breast to bottle is oftentimes an event that goes smoothly for most parents and babies, albeit with a little anticipatory breath holding until success has been accomplished. But for other parents whose babies are refusing the bottle, this can be a very frustrating and anxiety producing affair.

WHEN DO I INTRODUCE A BOTTLE TO MY BREASTFED BABY?

Luckily, with patience, perseverance, and a variety of trials, most babies will eventually accept a bottle. This handout was developed to give you an idea of several techniques that you can try when you feel like you are at your wits-end.

While there are some differing opinions about when the most optimal time is to introduce a bottle to a baby, most pediatricians, and lactation consultants agree, that it is best to avoid giving a breastfed baby a bottle before 3 weeks, if possible. This allows a baby to develop good breastfeeding habits and to allow a Mothers' milk supply to get well established. So, what is the sweet window for offering a bottle...?

The window of opportunity for offering a bottle seems to be 3-8 weeks, with 4-6 weeks being the most common time. Waiting longer than this may result in a rough transition as your baby may have developed such a preference for the breast that he is more unwilling to accept an artificial nipple. If you are planning on returning to work at 6 weeks, it may be wise to introduce the bottle a couple of weeks before your start date, around 4 weeks of age.

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A WORD ON BOTTLE NIPPLES

There are many bottles and nipples on the market these days, some claiming to be 'the best for breastfed babies'. This too can be overwhelming for many parents who are trying to decide which one will work best for their baby. You may find that you need to try several different nipples before you find the magical one that your baby accepts; try starting with a longer teat that widens at the base to encourage the baby to make a wide-open gape, even on the bottle. This can make it easier to transition back to the breast if that is your goal.

For further discussion on the variety of bottles and nipples on the market, please contact your lactation consultant.

Nipples are marked with the size and suggested age range but try not to be overly concerned if your baby does not follow these guidelines exactly. Try using a bottle with a slow-flow or newborn nipple (known as Level 1 nipple), so that your baby must work at the bottle as he does at the breast. If you are one of those moms who has a very fast letdown and strong flow, and your baby is accustomed to this, you may need to consider using the next size up nipple with faster flow rate (Level 2 nipple).

A good rule of thumb is to turn the bottle upside down and see what rate the drops come out at. A good starting point is a drop per second. In general, the following times are some guidelines for what a typical feed looks like:

- 20 - 40 minutes for newborn to 3 months
- 15 - 30 minutes for babies 3 months to 6 months
- 10 - 20 minutes for babies over 6 months

Nipple material: Bottle nipples generally come in either latex or silicone varieties. Latex nipples are softer and more flexible, but they don't last as long and some babies are allergic to them. Silicone nipples are firmer and hold their shape longer.

Nipple shape: Traditional bottle nipples are shaped like a bell or dome. Orthodontic nipples, designed to accommodate your child's palate and gums, have a bulb that's flat on the side and rests on your child's tongue. Flat-topped nipples and wide nipples (used with wide bottles) are said to feel more like Mom's breast and may be a good bet if you plan to switch between breastfeeding and bottle-feeding.

Size and flow: Bottle nipples come in a range of sizes and flow speeds, from slow to fast. Premies and newborns usually need the smallest size (often called "stage 1"), which has the slowest flow. Babies graduate to larger sizes and a faster flow as they get older, can suck more effectively, and drink more breast milk or formula.

TIPS & TRICKS FOR INTRODUCING A BOTTLE

It may take some time and experimentation to discover your baby's bottle-feeding preferences, and patience is the key.

- Pick a time when baby is not too hungry or full, and not tired or grumpy. 30-60 minutes after a breastfeed is a good time, or perhaps a short while after a meal if your baby is eating solid foods. If baby becomes stressed, stop immediately and try again another time. Nothing encourages bottle refusal more than pushing the issue
- A caregiver or family member other than the mother may be best option for giving the bottle-feed.
- Touch the corner of the baby's mouth to stimulate sucking, allow the baby to root for the nipple, then insert the nipple into the baby's mouth and over the tongue. Hold the nipple gently, but firmly to the roof of the mouth (this will help to stimulate their sucking response).
- Hold the bottle at a horizontal angle to prevent a rapid rate of flow (it is ok for your baby to take in some air). Here is a link to a video that describes 'paced bottle feeding': <https://www.youtube.com/watch?v=OGPm5SpLxXY&t=80s>
- Experiment with different positions for bottle-feeding. Some babies appreciate a bottle-feeding experience that is made to seem almost like breastfeeding: a familiar setting, the cradle hold, skin contact, lots of social interaction. Others see bottle-feeding as a completely different activity. They may, at first, prefer to be held upright on the caregiver's lap, even facing outward rather than looking at her. Some prefer to sit in a car seat.
- Try walking around while offering the bottle. Dance or sing! This can often distract and calm a baby. Using a baby sling may make this easier.
- Try wrapping a scarf or something that may have the Mother's scent around the bottle.
- Try offering the bottle when your baby is just barely waking up from a nap. Have the bottle prepared and ready and try to catch your baby during the very earliest signs of waking.
- Try nipples that resemble, as much as possible, the shape of your areola and nipple. Use a nipple that has a wide base that gradually tapers down to the tip of the nipple, much like your areola tapers down to your nipple. Avoid nipples that offer only a half-inch nubbin to latch-on to. Though don't be afraid to try out different nipples. If baby is unhappy with one type of nipple, try another. No matter what the packaging claims, no rubber nipple is just like mother.
- A milk flow of one drop per second is easy for most babies to handle. To judge how fast the milk flows, turn a full bottle upside down and watch the milk drip. A faster flow may overwhelm the baby who is used to the breast. A slower nipple will give baby more sucking time.
- Warm the nipple under running water before offering it to the baby. Or cool it in the refrigerator if the baby is teething.

- Most babies prefer milk that is warmed, but you could also try a cooler milk temperature.
- Look at the health of the baby's mouth for sores, thrush, and new teeth. As always, if your baby is sick and isn't drinking milk, contact your pediatrician.
- Gently turn the bottle nipple in the baby's mouth, similar to turning a light bulb, until the baby's lips are flanged around the nipple.
- If your baby happily chews on the teat, allow them to do so. They may start sucking. Once they are comfortable with the bottle, you can try offering it at a time when you know they will be hungry to see if they will drink properly from it.
- Try getting the outside of the bottle nipple wet with breastmilk so that the baby can taste it right away to help stimulate interest.
- Although silicone is safer, latex teats are more skin-like in texture and are worth trying if you have no luck with anything else.
- Some babies don't like breastmilk that has been previously frozen. Try pumping and offering it to your baby immediately, then working up to previously refrigerated milk before starting to use your freezer stash.
- Some breastmilk has an excess of lipase in it, which can, over time, make it taste bad. The lipase doesn't affect the milk when it's fresh, only when it has been stored (usually for a day or more, although some women report the milk to start tasting funky after just a few hours). If your frozen breastmilk has a rancid smell when thawed, you likely have an excess of lipase. Although the milk smells rancid, it is still safe for your baby to drink. Please contact your lactation consultant to discuss this matter further.
- Remember to always be with your baby when bottle feeding. Propping a bottle for a baby to drink can be dangerous. It is important (and enjoyable) for your baby to have eye contact and cuddles while feeding!

Try experimenting with milk temperature.

NOTHING SEEMS TO WORK; NOW WHAT?

While it is true, that most babies will eventually take to the bottle, you may find yourself in the situation where this is just not true with your baby. If this is the case, please, try not to worry excessively, and know that there are still other ways to get nourishment to your baby.

CUP FEEDING: It's true, even newborns can drink milk from a cup! When babies drink from a cup, they are not gulping it down as we adults do, they are rather lapping it up with their tongues like a kitten. Infants who are given supplements in a cup are less likely to get nipple confused and more likely to go on to successfully breastfeed.

Here's what to do:

- Use a small cup (shot-glass size) that holds just 1 or 2 ounces of human milk or formula. Cups made of flexible plastic allow you to bend the cup into a spout shape. You can use a small cup that you may already have in your home or purchase cups made especially for infant feeding. These are available from LaLeche League International and Ameda Egnell, as well as from hospitals and lactation consultants. A Doidy Cup is another alternative - they are UNICEF baby-friendly and are highly recommended for breastfed babies.
- Fill the cup at least half full with the supplement.
- Tuck a cloth diaper or small towel under baby's chin to absorb drips or use an absorbent bib. You might want to swaddle baby in a receiving blanket to keep his hands out of the way.
- Hold baby on your lap in an upright supported position.
- Hold the cup to baby's lips and tilt it until the milk just reaches his lips.
- Be patient. Allow baby to lap up the milk and swallow at his own pace. Don't pour the milk into baby's mouth; he may sputter and choke. Let baby set the pace and let him decide when he's finished.

FINGER FEEDING WITH A NURSING SUPPLEMENTER: Finger-feeding uses a nursing supplemental feeder to deliver milk while baby sucks on an adult finger. The supplemental feeder tubing is taped to the adult finger, and the finger is gently inserted in the baby's mouth. You can also use a feeding syringe for finger feeding. Gently insert the tip of the syringe into baby's mouth while he sucks on your finger. Depress the plunger to deliver milk when the baby sucks, and pause when the baby pauses.

There are two kinds of supplemental feeders: the Medela Supplemental Nursing System and the Lact-Aid Nursing Trainer System, <https://www.lact-aid.com/trainer-systems>. The Medela SNS uses a hard plastic bottle to hold the milk; the Lact-Aid system used a plastic bag. Both come with detailed instructions on how to use the device and how to clean it.

SPOON-FEEDING: You can also feed a baby milk with a spoon. Support your baby upright on your lap as you would for cup-feeding and offer small spoonful of milk, placing the tip of the spoon on her lower lip. Allow her to take the milk and swallow at her own pace.

FINGER FEEDING WITH A SYRINGE: Similar to feeding a baby with a supplemental feeder, you can purchase syringes (1ml, 5ml, or 10ml) online or at a pharmacy and deliver milk directly into your baby's mouth or along-side a finger that your baby is sucking on.

**The nursing supplementer and syringe can also be used to deliver milk while your baby is latched at the breast.*

REVERSE CYCLING: Some babies will simply learn to wait for their milk and make up for lost time by reverse cycling – drinking more through the evening and night when they have access to their mom. Many caregivers tend to fret about a baby who refuses to drink in the absence of their mother, but please know, that if this happens, your baby will be ok!



Contact us!

My Lactation Consultant's name & number are:

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