



CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

Nutrition: Bottle Feeding a Breastfeeding Infant

This document should be read in conjunction with the [Disclaimer](#)

On some occasions it may be necessary to give a bottle to an infant who is establishing breast feeds. **Always** discuss with the mother and get consent before offering bottles to her infant in these situations:

- Transition to all suck feeds when the mother is not available. Generally > 34 weeks corrected.
- Sub – optimal lactation.
- To facilitate timely discharge.

At all times it is imperative that the mother's confidence and ability to breastfeed her infant be nurtured. She should be given the opportunity to room-in if possible.

Bottle feeds are only to be introduced at a pace that matches the infant's energy level and ability to suck. At 34-36 weeks most infants will have developed awake/sleep patterns and be capable of managing nutritive sucking with a coordinated pattern. Between 35-40 weeks healthy infants will maintain satisfactory growth with full oral feeding by demand. The majority of infants should be offered a bottle feed over night by 35 weeks.

Calmita teat is the preferred teat for bottle feeds in an infant who is breastfeeding. Infants will commence with Calmita Starter (white) teat. Once the infant can complete 2 bottle feeds with Calmita Starter, then change to Calmita Advanced (yellow) teat.

- Document the teat used and effectiveness of suck feed on the Observation Chart MR 491.
- Document feeding plan on the FICare Communication Board.

Be guided by the infant's cues, gestation and weight when increasing sucking opportunities. If the infant shows signs of tiredness, allow the infant to rest and complete the feed with the gastric tube.



Feeding Position

Position is important and depends on the infant's muscle tone. The head must be in alignment with the trunk and all limbs must be supported.

Preterm infants especially cannot always cope with the cradled semi-recumbent position of the term infant when bottle feeding and may cope better if supported in a semi-upright position or an elevated side-lying position. Careful attention to correct alignment is necessary. Preterm infants cope better physiologically if bottle feeds are paced following the individual infants suck/pause pattern.

References

1. J. Riordan, K. Wambach. Breastfeeding and Human Lactation 4th Edition 2009
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