

# Giving a Bottle to Your Breastfed Newborn

Many parents have heard that giving even one bottle to a baby under 3 weeks will make breastfeeding difficult. However, it is possible to use bottles safely, even in the first week. If your baby's doctor is suggesting you start supplement breastfeeding with a bottle (perhaps a weight or jaundice problem), or if you would like to give a relief bottle of pumped milk, here are some tips:

## How to support breastfeeding skills with a bottle:

1. **Cuddle position.** Place your baby snugly against your chest at about a 45-degree angle. This position will encourage active feeding as the milk will flow only when your baby sucks. In contrast a baby lying flat may be overwhelmed by the flow and develop a passive feeding habit. If mother is giving the bottle, she can hold the bottle against her bare breast to provide a positive association.

**Side-lying position.** Lay your baby on their side on a pillow in your lap such that baby's bottom is against your abdomen and head will be on your knees. You can speed up or slow down the flow by making small adjustments in the angle of the bottle. Please Google "side-lying bottle feeding images".

2. Allow your baby's head to tip back a little (same position we hold our heads when drinking from a cup – chin up) it will be easier for them to swallow and will help the next step.
3. Touch the bottle nipple to the center of your baby's lower lip to trigger the gape reflex. This way you're reinforcing your baby's reflex to open wide for a deep latch at breast.
4. **Hold the bottle as flat as practical.** Air in the nipple is okay and will not cause gas.
5. Your baby's lips should be close to the collar that holds the nipple in place on the bottle.

## Ideal feeding time

A breastfeed takes 20 to 30 minutes for a newborn. Please choose a nipple that allows your baby to feed steadily and comfortably for this same length of time. For perspective on a normal swallowing rhythm please see this video:

<https://globalhealthmedia.org/videos/is-your-baby-getting-enough-milk/>

You can find more information at *nurturedchild.ca*. Click on baby-led bottle feeding.

## Which bottle

**Dr. Brown's standard** (not wide-neck) bottle is an excellent starter bottle for most newborns and it comes with the Level 1 slow-flow nipple. The four-ounce size is ideal. You may want to order the **Transition nipples** too, as these are a little slower. The **Preemie** nipple is the slowest nipple for the Dr. Brown's bottle but can be too slow and cause frustration and underfeeding. If your baby is falling asleep on the bottle before completing a feed then the nipple is too difficult

Other good choices are **Mam**, **Lansinoh**, **Avent Natural Response** and **Evenflo Balance** bottles. (Note: parents are reporting the **Avent** bottle with the level 1 nipple may flow too slowly and they need to switch to level 2.)

Many of the so-called wide-neck bottles, e.g. Tommee Tippee, ComoTomo, may be a problem for newborns as they can end up sucking only the nipple portion (not pulling in the wide base). These bottles may be fine when your baby is bigger.

### **Burping**

If your baby is feeding contentedly there is no need to interrupt the feed in order to burp. At the end of the feed support your baby in an upright position and pat gently for five to ten minutes. Babies do not always burp.

### **Quantity**

If your baby is premature your baby's doctor will give you precise guidelines. For all other infants your job is to offer an unlimited quantity and let your baby decide how much. A good way to start is to put at least half an ounce (15 milliliters) more milk in the bottle than you expect your baby to drink. Your baby will show you they are content by releasing the nipple and losing all interest in sucking. However, don't be surprised if they cue hunger within 10 to 20 minutes and have a little more ("dessert") before finally falling asleep.

### **Frequency**

If your baby's doctor has given you a schedule to follow (for example, there is concern for an elevated bilirubin level) please follow this plan. Otherwise please let your baby tell you when they are hungry and when they are full. Please do not push an infant to finish a bottle. Please do not feed your newborn on a schedule unless recommended by your baby's doctor. Respecting your baby's cues is important for establishing long-term good feeding habits.

### **Temperature**

Room temperature is fine. There's no need to heat the milk beyond this. Cold milk will not cause harm but many newborns seem uncomfortable with milk straight from the fridge and may take less.

### **Supplementing at breast**

Some mothers may have a persistently low supply causing their baby to be reluctant to breastfeed. In this case supplementing at breast may be helpful. There are several products for this purpose:

- Medela Supplemental Nursing System (SNS)
- Dr. Jack Newman's "lactation aid".
- Haakaa Silicone Feeding Tube Set

### **Which formula?**

<https://www.healthychildren.org/English/ages-stages/baby/formula-feeding/Pages/Choosing-an-Infant-Formula.aspx>

The American Academy of Pediatrics recommends ready-to-feed formula for the first 2 months, post due date, to avoid *cronobacter* exposure which may occur with powdered infant formula. If you wish to use powdered formula here are the CDC guidelines for safe preparation:

<https://www.cdc.gov/nutrition/infantandtoddlernutrition/formula-feeding/infant-formula-preparation-and-storage.html>

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