

Bottle Refusal

During the early weeks of life babies are feeding reflexively and likely to go back and forth between breast and bottle without trouble. However, once babies become self-aware in the second month, they can make decisions – and the first decision may be to refuse all bottles, even if they have been taking one daily! There's no one easy solution to this frustrating problem. Some babies refuse the bottle until mother has returned to work and bottles are now a consistent, daily occurrence. An occasional bottle can be the most difficult to achieve as there is no reinforcement.

Here's a list of ideas to try:

- Keep your baby well-fed. You cannot starve a baby into taking a bottle.
- Try a faster nipple.
- Stay outwardly positive as you offer the bottle, no matter what you feel inside. Act like this is a treat. Talk calmly and smile.
- Continue with the same bottle. Your baby is not refusing that particular nipple – they simply prefer the breast. If your baby has never taken a bottle, and is about to start with a nanny or daycare, check with these people and see which bottles they feel confident using. For some commentary on bottles: <https://www.rachlobrienibclc.com/blog/bottles-for-breastfed-babies-introducing-a-bottle-part-1/>
- If your baby takes a pacifier, look for a nipple with a similar shape. Some parents have found they can start the baby on the pacifier and then switch to the bottle.
- Have someone other than mother work on this problem. Ideally mother should be neither seen nor heard.
- On the other hand, sometimes the mother is the one to get bottles going. One mom was able to teach her baby to take the bottle by slipping a narrow nipple into baby's mouth alongside the breast. This was a very gradual process. You could try starting at breast and seeing if you can slip in the bottle to finish the feed. If this works gradually switch earlier.
- Another mom-led idea is to offer half to one ounce by bottle before and after or even in the middle of a breastfeed. Do this at as many feeds as possible, keeping it playful and stopping if baby shows any distress.
- One father tucked the bottle under his arm and "latched" his baby as if breastfeeding.

- Some babies resist the bottle when held as if breastfeeding but will accept it if held in a new way. E.g. choose a place where mother does not breastfeed and sit baby in your lap facing outward.
- It can be harder for your baby to remember to refuse the bottle if distracted. Try movement, chatting, singing, and visual distraction (e.g. baby is facing a window). Walk outside.
- Hide the bottle by wrapping it in an article of mother's recently-worn clothing.
- Place an item of mother's recently-worn clothing across your chest when trying to give the bottle.
- Time of day can be important: many babies are least likely to accept a bottle in the evening when they most need the comfort of the breast.
- Offer the bottle between feeds until you are successful and then try for a full feed.
- Try when your baby is half asleep. The more alert they are the less likely they will accept the bottle.
- Try to create a gap between a refusal and breastfeeding. Your baby is smart and can learn that a vigorous refusal of the bottle results in the appearance of a breast!
- Be prepared for your baby to reject your initial attempts. Remain positive and keep the bottle gently by your baby's lips. A traditional nipple (long and narrow) can work more easily as the tip will rest in your baby's mouth. Stop if your baby is very upset.
- If you're not making any progress consider stopping for a while. Trying and failing day after day will not move you forward.
- For the older infant, consider skipping the bottle and offering sippee cups. There are many options available. One father offered half-frozen milk by teaspoon. His baby loved this breastmilk slushie!

Feeding Aversion

If your baby is bottle-fed exclusively and, despite no medical problems, has become reluctant to feed appropriately, then please take a look at the book *Your Baby's Bottle-Feeding Aversion* by Rowena Bennett, and discuss with your baby's physician.

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