

Alternative feeding methods – cup or finger feeding (using a syringe or tube)

This leaflet explains alternative ways of feeding your baby when latching directly onto the breast is challenging in the first few days following birth, or if you need to supplement your baby without using a bottle and teat. This is to help avoid your baby struggling with learning two different feeding methods, which can sometimes result in babies rejecting the breast. If you are unsure about anything, please speak to your midwife.

Why cup feed?

The advantage of cup feeding is that your baby can take increasing amounts by lapping/slurping the milk. It is a suitable option for very young babies as the baby can pace the feed. The disadvantages are that there can be some spillages, which can waste a bit of your milk, and a risk of the milk being inhaled into baby's lungs, if used when a baby is too sleepy and with poor technique, so your baby needs to be alert but calm. It can be a slower way to feed so it may take a bit of patience and practice. It is usually used as a short-term measure.

Meantime we will support you to work towards breastfeeding by encouraging you to:

- Maintain prolonged skin-to-skin contact whenever possible, ensuring your baby's neck is straight and head tilted back slightly so baby can breathe easily and you can see baby's face.
- Watch out for and be ready to respond to baby's early feeding cues, such as poking out their tongue, rooting, making seeking movements, fidgeting and more alert behaviour. These signals usually mean your baby wants to feed. Ask a member of staff to help you to position and attach your baby if you need it.
- Express frequently (at least eight times in 24 hours including once at night) by hand initially, and then in combination with a pump. This is essential to secure your supply at this time. Staff can show you how to do this.
- Some mothers also find it helpful to watch this video
<http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/>

How to cup feed

Wash and dry your hands before beginning, use a sterile cup each time

- Wrap your baby with a muslin cloth to prevent their hands knocking the cup, and can be useful in case of any spillages
- Support your baby in an upright position on your lap so that you are both comfortable.
- Stroke your finger over baby's top lip to encourage mouth opening.
- Place the cup towards the corners of their mouth, with the cup resting gently on the lower lip.

- Angle the cup just enough so the milk is just touching the lower lip.
- Wait for your baby to lap the milk; they might smell it first.
- It should not be poured into your baby's mouth.
- Gently increase the angle of the cup as the milk is swallowed, so that milk is always at the rim.
- Allow baby to have short breaks as that way baby will pace the feed and take what is needed at each feed, but keep the cup in place during the breaks.
- Your baby will stop when enough milk is taken by closing their mouth.
- Our staff will show you how to wash and re-sterilise the cup.



Some parents find watching this short clip useful, but the technique gets easier with practice:
https://www.youtube.com/watch?v=4ZCm_MhP39M.

Why finger feed?

The advantages of finger feeding are that your baby can have small amounts of milk, and you can use your finger to stimulate the suckle reflex if baby is unable to latch and breastfeed. This is not uncommon, and you and your baby will soon learn how to breastfeed. Finger feeding directly onto baby's mouth with droplets of colostrum on a clean finger is often enough to stimulate a sleepy baby in the first instance. Please ask a member of staff to help until you are confident with finger feeding.

Meantime we will support you to work towards breastfeeding by encouraging you to:

- Maintain prolonged skin-to-skin contact whenever possible, ensuring you can see your baby's face and baby's neck is straight and the head tilted back, to allow for easy breathing.
- Watch out for and be ready to respond to baby's early feeding cues, such as poking out their tongue, rooting, making seeking movements, fidgeting and more alert behaviour. These signals usually mean your baby wants to feed. Ask a member of staff to help you to position and attach your baby.
- Express frequently (at least eight times in 24 hours including once at night) by hand initially, and then in combination with a pump. This is essential to secure your supply at this time. Staff can show you how to do this.
- Some mothers also find it helpful to watch this video
<http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/4>

Finger feeding using a syringe

Finger feeding with a syringe is useful for giving small amounts of colostrum (first breast milk) which is usually of a thicker consistency.

- Wash and dry your hands thoroughly before you start, making sure your nails are not too long, and use a sterile syringe each time.
- Hold your baby in an upright position.

- Gently stroke down over baby's top lip to encourage rooting and mouth opening.
- Once baby opens their mouth, place the pad of your finger to the roof of baby's mouth, taking care not to make your baby gag. If this happens, pull back your finger so it is more comfortable for your baby.
- Place the top part of the syringe into the baby's cheek between your finger and baby's gum.
- Push the plunger gently so that the baby suckles your finger while drinking in the milk a little at a time (0.1-2ml).
- Continue until all the milk has gone.

Continue to give the milk in this way until your baby feeds reliably at the breast, and consider cup feeding, or finger feeding with a tube, as your milk volumes increase.

Finger feeding using a tube

Finger feeding with a tube is used for larger amounts when the milk is more liquid.

- Wash and dry your hands before beginning, using a fresh sterile tube each time.
- Hold your baby in an upright position on your lap with one of your hands around your baby's shoulders and neck, or support baby across your forearm, ensuring you and baby can have eye contact.
- Place the tip of tube near the tip of your finger, and secure with tape.
- Place the other end of the tube with the black bit in the milk container (trim off the extra grey and white extension).
- Gently stroke down over baby's top lip to encourage rooting and mouth opening.
- Once baby opens their mouth, place the pad of your finger to the roof of baby's mouth, taking care not to make your baby gag. If this happens, pull back your finger towards the front of the mouth so it is more comfortable for your baby.
- Allow your baby to suck your finger and the milk will gradually be drawn along the tube.
- Allow your baby to pause so they can pace the feed at a rate that is comfortable for them.

Seek help from an infant feeding specialist if problems persist.

Further information

- Further help is available from your local midwife/health visitor, local Breastfeeding Network supporters (BfN) and the RBH Infant Feeding Team
- Email: Infantfeeding.team@royalberkshire.nhs.uk or telephone 0118 322 8314

References

1. Cochrane (2017) Cup feeding versus other forms of supplemental enteral feeding or newborn infants unable to fully breastfeed Flint A New K Davies M
<http://www2.cochrane.org/reviews/en/ab005092.html>
2. YouTube <http://www.breastfeedinginc.ca/content.php?pagename=vid-cupfeed>
3. https://www.youtube.com/watch?v=4ZCm_MhP39M
4. <http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression/>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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