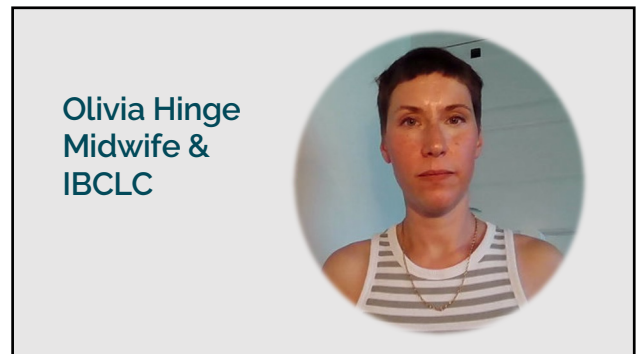




1



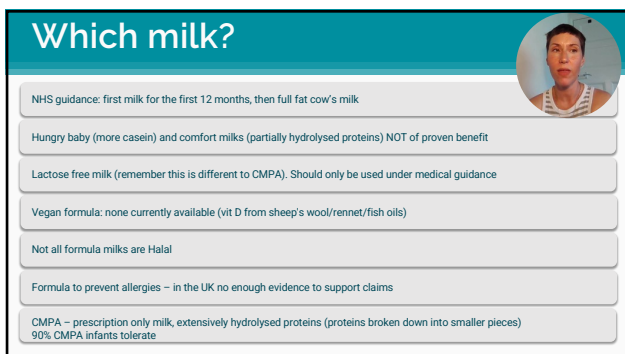
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## Ready to Feed Formula



- This is sterile and some NICE/SCBU graduates, or immunocompromised babies may be discharged home under the advice to only use this type of formula
- Newborn kits use 70ml bottles vs stomach size 7ml. Consider decanting 10-15ml into sterile bottle/cup/spoon feed and storing the bottle in the fridge (below 5 degrees at the back of a fridge shelf) for up to 24 hours
- As expected per ml this is a much more expensive option for families. It is made in 70ml, 90ml, 500ml, 1 litre bottles

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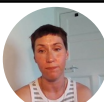

## Formula Feeds on the Go



- Best practice – portion out formula, take a flask of freshly boiled water or ask for boiling water in café etc
- Prep at home – cool in the fridge for 1 hour prior to leaving. Use within 2 hours at room temperature, within 4 hours if in a cool bag with ice block, or use within 24 hours if stored in the body of a fridge below 4 degrees celsius
- New products – rapid cooling flasks, take 3 hours to cool down for next use. Multiple flasks may be required


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## Prep Machines

- Report to make a PIF (powdered infant formula) ready to be consumed in 2 minutes
- Not to be recommended by healthcare professionals
- Use a 'hot shot' into the bottle, then you add formula – shake/swirl, then 2nd step – it adds cool water to bring feed to volume desired (4-11oz)
- Tommee Tippee – the most used prep machine refuse to release their safety data reporting competition reasons. Independent testing has shown the hot shot is unable to kill over 95% of Cronobacter sakazakii
- Anecdotal – if you have a very colicky child, trial formula feeds made traditionally, sometimes this makes a big difference to their discomfort

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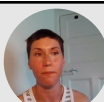
*"The issues we have with it are, although it states it dispenses a 'hot shot' at 70°C to kill bacteria that potentially could be in the powder, the reality (if you watch the TT advert) is that the amount of hot water used is very small, and once this is dispensed into a cold bottle/cold powder the heat will be quickly lost (more so than when preparing a full bottle with cooled, boiled water to >70°C), so we would be interested to see whether TT have done any validation to see what temperatures the hot shot/powder combo actually reaches (and whether this is enough to destroy any bacteria).*

*The other issue is that the rest of the bottle is then topped up with cold water, which TT state is filtered to remove impurities. Again, we would be interested to know whether it has been validated that the TT filter removes potential bacteria in the tap water (as this won't previously have been boiled). At present the Food Standards Agency would still advocate the use of our Best Practice Guidance, to use cooled, boiled water at >70°C to make up infant formula."*

Email communication between Francesca Entwistle (Unicef UK Baby Friendly) and Lorna Rowswell at FSA, February 2014

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## Guidance



Age	Feeding guidance: infant formula	Suggested intake per day
Up to 2 weeks	7-8 feeds per day 60-70ml per feed	420-560ml per day
2 – 8 weeks	6-7 feeds per day 75-105ml per feed	450-735ml per day
2 – 3 months (9 – 14 weeks)	5-6 feeds per day 105-180ml per feed	525-1080ml per day
3 – 5 months (15 – 25 weeks)	5 feeds per day 180-210ml per feed	900-1050ml per day
About 6 months (26 weeks)	4 feeds per day 210-240ml per feed	840-960ml per day

**General guidance on feeding after 6 months:**

7 – 9 months	Infant formula could be offered at breakfast (150ml), lunch (150ml), tea (150ml), and before bed (150ml)	About 600ml per day
10 – 12 months	Infant formula could be offered at breakfast (100ml), tea (100ml), and before bed (200ml)	About 400 ml per day
1 – 2 years	Full-fat cow's milk could be offered at snack times twice a day (100ml x 2), and as a drink before bed (200ml). Seek advice if using milk alternatives as these milks are lower in energy than full-fat animal milk.	About 350ml-400ml per day of full-fat cow's milk or another suitable animal milk or milk alternative.

\*Breastfed babies may feed much more frequently and that is perfectly normal. Breastfeeding mothers are advised to feed responsively.

- Teat size – no need to move up sizes with age
- Stay on a size 1 as long as baby is happy
- Volumes of formula increase with age, expressed breast milk more stable

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## Picking a teat





- There is no 'best' bottle
- ? Nipple confusion – more likely a flow preference. So, teat choice can be a strategy to prevent a preference for the easier method
- Be mindful of falling for the marketing – exasperated parents work through lots of different bottles and eventually buy the most expensive and expensive and wow it works
- Most likely due to consistent exposure to a teat
- Exasperated parent now defeatist and the pressure for the baby to accept has diminished
- Daily unpressured exposure
- Make it playful, stroke their skin with it, play lost & found with it, let them suck it without the bottle, let them put the teat in their mouth themselves

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## Teats


- Avoid very soft teats that collapse with sucking – results in a clench mouth
- Orthodontic teats, where one side is flat – similar to a compressed nipple and could encourage the tongue to hump and push against the teat
- If a baby drinks via a teat that in theory doesn't meet these suggestions, but has no issues with breastfeeding, we don't need to change anything
- Keep in mind alternatives to bottles – spoon, cup, SNS, Finger feeding



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## Teats

- 'Breast like' aka an engorged breast
- Hard to achieve and maintain a deep latch
- Too narrow a teat and the baby won't have a wide gape when feeding
- Medium length teat (to reach the soft palate junction) not so long they gag on it
- Gradual slope out – deep latch sustainable
- Be mindful of ridges and grooves which can make cleaning harder
- Multiple parts make cleaning harder



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## Paced bottle feeding

- This is a skill all bottle feeding parents should have, not just those combination feeding
- Bottle feeding uses a different sucking action to feeding from the breast, a bottle can in theory be much easier to feed from
- To prevent a flow preference, we want our bottle feeding technique to mimic the flow of milk at the breast as much as possible – slow, child-led and with pauses
- Also, to prevent over feeding and for children to become used to very quickly eating and over stretching their stomach
- It's an opportunity to build a respectful and responsive relationship between child and care giver around food

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## Paced bottle feeding

Note the position of the lips & how much of the teat is in the infant's mouth.

- NHS
- UNICEF
- Start for life
- First Steps Nutrition




Image from Rachel O'Brien IBCLC

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## Paced Bottle Feeding: Key Takeaways

- Upright in arms or elevated side lying on a pillow (lying on their left for refluxy babies)
- Tickle upper lip and aim for a wide gap as you introduce the teat, the infant should have mouth full of the teat
- Swap sides, either mid feed or alternate feeds
- Allay parental fears around wind, teach good winding techniques (wonky winding)
- Suck the bottle for 30 seconds prior to milk in the teat ("let down")
- Horizontal bottle – the baby must work to get milk vs passive if the bottle is more vertical
- Eye contact, observe baby for signs the flow is too fast or the baby needs a breather
- Pause feed at least once, if the baby stops sucking – tilt the milk out of the teat or remove from their mouth
- NEVER make the baby finish a bottle

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