

**Question:**

Many mothers in the ETU refuse to allow their breastfeeding baby to be separated from them. Also, there is difficulty in transitioning from breastfeeding to cup/bottle feeding. Should we change the feeding device to Haberman feeder, syringes, finger feeding etc? *Óscar Serrano Oria, GOAL Sierra Leone*

**Suggestions:**

Watch out for:

- Who has attempted to feed this baby? Mother? Father? Health care provider? Other family member?
- When has feeding been attempted? Explore cue state of baby at time of feeding, separation from mother, etc [Feeding cues begin during the active sleep state (REM). As the baby becomes hungrier and more awake, feeding cues are more obvious. The baby begins to bring his or her fist to the mouth; to seek food with the lips, tongue and head; to smack the lips or extend the tongue. Crying is a very late feeding signal. By the time babies cry, they have usually become very disorganized and do not feed as well.]
- Manner in which the baby is held for feeding

What to do about it:

- Observe an attempted feeding. Encourage cup/bottle or other method to be offered when baby is in a quiet/alert stage and not exhibiting signs of overt hunger
- Encourage the feeding be preceded by some gentle, pleasurable interaction with the person who will feed the baby. (Note: It is often easier for babies to accept an alternate feeding device from someone other than their nursing mother. Babies may be confused by the sensory cues they receive when in their mother's presence and may not be able to focus on learning a new way of feeding when in close proximity to her. Some babies may even refuse to accept an alternate feeding method when they can see, hear, smell, or otherwise sense their mother's presence)
- Encourage the person who is feeding the baby to begin by gently massaging around the baby's lips with clean fingers. The purpose of this action is to draw baby's attention to the mouth in a pleasurable way
- Once baby shows some interest in the massage (e.g. turning head toward the stimulus, opening mouth), the bottle or cup should be raised to baby's lips
  - If using a bottle, try one with a large dome around the nipple, as this can be used to stimulate 'wide-open' mouth position of the baby feeding at the breast
  - If using a cup, use appropriate cup-feeding technique. Coach the parents to raise the cup just so that fluid touches the baby's mouth, rather than pouring fluid into the baby's mouth
- Let the baby pace the feeding. The baby should be allowed to rest as needed during the feed and allowed to stop when ready.

Expected resolution:

- It may take time for the baby to learn to accept a new feeding method. Babies typically come to accept alternate feeding devices after some exposure to them

What else to consider:

- Consider other methods of supplementation. The baby who will not accept a bottle may be happy with cup feeding. Other babies prefer fluid from the spoon or sip-type cup. There are pros and cons to every method. Cup or spoon feeding is preferred since the baby can self-regulate. Milk should never be poured into a baby's mouth, which is why syringe feeding can be risky

- Comprehensive paediatric evaluation is needed if refusal is strong or consistent. Rarely, a suck/swallow or other intraoral problem has been discovered in these cases

It is never appropriate to support the common belief that babies will learn to feed in a different manner when they are hungry enough. Very hungry babies have less patience and energy for learning new feeding methods. Babies may also come to distrust those around them, as caregivers are not responding to the baby's need for food. There are pros and cons to all alternate feeding devices. Be prepared to aid parents in choosing a method that protects milk production and suits their baby's abilities and their own skills and situation.

**Source: Casie Tesfai, shared on en-net, <http://www.en-net.org/question/1445.aspx>**