GUIDELINE

Nutrition: Bottle Feeding a Breastfeeding Infant

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:
CAHS Child Safe Organisation Commitment Statement

This document should be read in conjunction with this disclaimer

Aim

To protect, support and promote breastfeeding in the preterm and/or vulnerable infant, whilst still providing the infant the opportunity to develop and achieve a timely discharge. This includes supporting mothers to achieve their breastfeeding goals.

Risk

If the policy is not adhered to, infants may experience adverse feeding experiences which can impact their future development, and mothers may feel disempowered in their ability to achieve their breastfeeding goals at discharge.

Key points

- Bottle feeds to be offered only when breastfeeding has been established. **Always** discuss with the mother and get consent before offering bottles to her infant in these situations:
  - Encourage breastfeeds when mother available
  - Offer tube feeds rather than a bottle feed for the feed prior to a scheduled breastfeed.
  - Transitioning to all suck feeds when the mother is not available. Generally, > 34 weeks corrected.
  - Sub-optimal lactation.
  - To facilitate timely discharge.

- At all times it is imperative that the mother's confidence and ability to breastfeed her infant be nurtured.
- Bottle feeds are only to be introduced at a pace that matches the infant's energy level and ability to suck.
    - At 34-36 weeks most infants will have developed awake/sleep patterns and be capable of managing nutritive sucking with a coordinated pattern.
    - Between 35-40 weeks healthy infants will maintain satisfactory growth with full oral feeding by demand. The majority of infants should be offered a bottle feed over night by 35 weeks.

Teat Selection

- The choice of teat for a breastfeeding infant is one that allows the infant to coordinate their suck/swallow/breathe at a pace that ensures respiratory stability. See Appendix 1 for sepal teat selection.
- Document the teat used and effectiveness of suck feed on the Observation Chart MR 489/491.
- Document feeding plan on the FICare Communication Board.

Be guided by the infant's cues, gestation and weight when increasing sucking opportunities. If the infant shows signs of tiredness, allow the infant to rest and complete the feed with the gastric tube.

Feeding Position

- Position is important and depends on the infant's muscle tone. The head must be in alignment with the trunk and all limbs must be supported.
- Preterm infants especially, can't always cope with the cradled semi-recumbent position as used with term infants when bottle feeding, and may cope better if supported in a semi-upright position or an elevated side-lying position.
- Careful attention to correct alignment is necessary. Preterm infants cope better physiologically if bottle feeds are paced following the individual infants suck/pause pattern.

References

1. J. Riordan, K. Wambach. Breastfeeding and Human Lactation 6th Edition 2019
2. R. Mannel, P.J. Martens, M. Walker (Eds). Core Curriculum for Lactation Consultant Practice. 3rd Edition 2012
3. W. Brodribb (Ed). Breastfeeding Management, 5th Edition 2019.
4. R. Lawrence, R. Lawrence. Breastfeeding: A Guide for the Medical Profession 9th Edition, 2021
5. Sepal Teats. How to select the right teat. [Internet]. Victoria (AU). How to select the right teat. Available from https://sepal.com.au/pages/health-professionals

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology Coordinating Group, Neonatology Lactation Consultants/Midwives		
Date First Issued:	June 2006	Last Reviewed:	November 2025
Amendment Dates:	Nov 25: addition of Sepal teat selection appendix	Next Review Date:	November 2028
Approved by:	Neonatology Coordinating Group	Date:	25th November 2025
Endorsed by:	Neonatology Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards: Child Safe Standards: 1,10		

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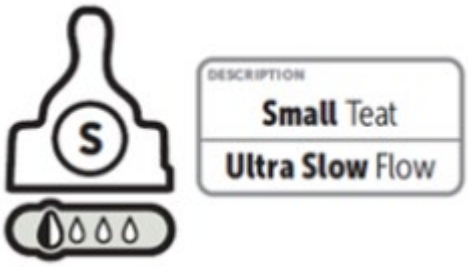
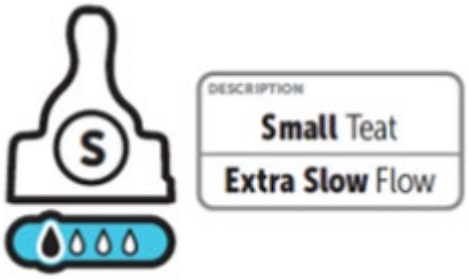
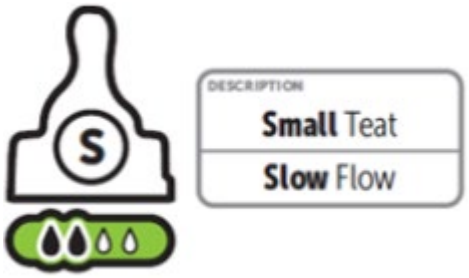
Appendix 1: Sepal Teat Selection

Majority of neonates weighing greater than 2.5kg	
	• Ultra Slow recommended for neonates who show difficulty when feeding with faster flow teat (cough, gag, apnoea, bradycardia, cyanosis) • Suggested for babies <37 weeks GA with no or limited previous feeding experience, medically complex
	• Extra Slow flow recommended for health neonates who demonstrate ability to coordinate respiration whilst feeding • Suggested for full-term neonates in the mother is requesting support to establish breastfeeding
	• Slow flow teat recommended for health full-term neonates
High acuity neonates, majority weighing <2.5kg	
	• Ultra Slow recommended for neonates who show difficulty when feeding with faster flow teat (cough, gag, apnoea, bradycardia, cyanosis) • Suggested for babies <37 weeks GA with no or limited previous feeding experience, medically complex

	• Extra Slow flow recommended for health neonates who demonstrate ability to coordinate respiration whilst feeding
	• Slow flow teat may be required if thickener is being added to the neonate's feed