

Bottles & Bottle Feeding

The Bottles We Use:

- Positioning & Techniques
- Home Recommendations

Bottles

- ▶ In the NICU, it is likely your baby will need to take some of their feeding from a bottle to get enough fortified breast milk or formula for good body and brain growth
 - ▶ Fortified means we add fat and vitamins to your breast milk or formula to help your baby grow
 - ▶ We used fortified breast milk formula, this means we add fat and vitamins to your breast milk or formula to help with your baby's growth
 - ▶ Plain breast milk does not have enough fat in it for preemies to grow properly. However, It does have enough fat for term babies to grow.
- ▶ In the NICU, we use Dr Brown's Bottles and Nipples
 - ▶ Dr. Brown's bottles have an opening that keeps a vacuum from forming in the bottle
 - ▶ This helps to keep the milk from coming out too fast, too slow or not at all
 - ▶ Dr. Brown's bottles let the milk come out with a consistent flow like breast milk



Bottles - Consistent Flow

- ▶ We use Dr. Brown's bottles to help you feed your baby with a consistent flow
 - ▶ Flow of a nipple means how fast the milk drips out of the nipple. The smaller the hole, the slower the milk that comes out.
 - ▶ Flow is important to all babies, but especially to NICU babies who often have more trouble getting used to sucking, swallowing, and breathing safely
 - ▶ In most cases, preemie babies need slow flow rates than a term baby because their brain and skills are still developing
 - ▶ Your therapist and nurse will help decide the best nipple to start with, and how and when to change it.
- ▶ Why should we care about the flow rate of a nipple?
 - ▶ It is VERY difficult for a premature baby to deal with a change of flow every feeding
 - ▶ You and your baby will learn feeding faster if you know what to expect at each feed
 - ▶ Frequent changes in feeding back make your hospital stay longer and may add to your feelings and worries about your ability to feed your baby
 - ▶ Dr. Brown's bottles and nipples provide a steady flow of milk. Using the correct nipple flow and not making a lot of nipple changes helps your baby learn to feed

Bottles - Nipples

- ▶ We usually use 4 different nipples, each with a different flow rate
 - ▶ If your baby needs a different nipple than the 4 described here, your occupational, speech therapist or nurse will tell you



Type 1:

Dr. Brown's Ultra Preemie Nipple

- The slowest flow
- A good starting point for your baby if they have spent a long time on respiratory support, or if they are going to have trouble learning how to suck, swallow, and breathe during a feeding
- MANY NICU babies need this nipple even at discharge. It is OK if your baby needs this flow to be safe even at home

Type 2:

Dr. Brown's Preemie Nipple

- This nipple is about 30% faster than an Ultra Preemie nipple
- If your baby is stable and was not very premature, they will likely start with this nipple
- Most NICU babies go home using this nipple

Type 3:

Dr. Brown's Transition Nipple

- This nipple is about 30% faster than the Preemie nipple.
- Your baby will use this nipple if he/she is born close to term or is able to feed with a faster flow

Type 4:

Dr. Brown's #1 Nipple

- This nipple is about 30% faster than a Transition nipple
- Most babies in the NICU will not use this nipple until well after discharge
- This nipple flow is similar to other 'slow flow' nipples on other bottle brands. If you want to use a different bottle, changing when your baby is safe on a #1 is a good time

Bottles - Nipples

- ▶ Sometime we will use a wider mouth Dr. Brown's bottle and nipple.
 - ▶ These nipples are sometimes nice for better latching if your baby has a wide open mouth, they only come in 2 slow flows

Type 1:

Dr. Brown's Preemie Nipple

- This nipple is about 30% faster than the narrow Ultra Preemie nipple
- If your baby is struggling to manage this flow, they will need to use the narrow Ultra Preemie

Type 2:

Dr. Brown's #1 Nipple

- This nipple is about 60% faster than a Preemie nipple
- Your baby will need to be very organized to safely manage this flow
- There is no Transition flow in wide mouth Dr. Brown's
- When thinking about switching to a wide option, lack of flow options needs to be considered



Bottle Feeding

- ▶ Bottle feeding methods for preemies are very different than for term infants.
 - ▶ Holding your baby while bottle feeding:
 - ▶ Bottle feeding is best in a position call **side-lying**, where the bottle is parallel to the floor.
 - ▶ With the bottle parallel to the flow you will see milk in the nipple
 - ▶ This position helps your baby pull milk out of the bottle nipple, like they would during breastfeeding, rather than having milk dripping into their mouth when they maybe pausing to swallow and breath.
 - ▶ Side-lying keeps your baby's head in a good position for safe swallowing and breathing
 - ▶ You can also see their throat to see them swallow



- Swaddling:
 - You will also want to have your baby loosely wrapped in a blanket to help contain their legs and keep their hands up by their face
 - This helps them to stay focused during the feeding

Bottle Feeding - Pacing

- ▶ Pacing is a pattern of taking a suck, pausing to swallow and then a breath before sucking again
- ▶ Most preemies have trouble pacing by themselves. They need our help. This is where you stop the flow of milk on purpose to give your baby time to swallow and breathe.
 - ▶ With the bottle parallel to the floor, you will be able to see milk in the nipple
 - ▶ If you can't hear, see or feel your baby breathing, they will need you to tip the bottle down slightly (leaving the nipple in the mouth and baby still latched) so that the milk is no longer in the nipple.
 - ▶ Tipping the bottle down cues your baby to take a break to swallow or breathe
 - ▶ After you have seen your baby swallow and breathe, you can tip the bottle slightly back up so milk is in the nipple
 - ▶ Repeat this pattern as needed throughout the feeding
 - ▶ Some babies need pacing during the entire feeding, some just at the beginning to slow them down, and some as the feeding goes on and they get tired.
- ▶ A good feeding is when you focus on your baby and respond to their cues.
- ▶ Stop feeding at any sign of stress, or if your baby stops.

Bottle Feeding

- ▶ A good feeding is when you focus on your baby and respond to their cues
 - ▶ Keep the room quiet and free of distractions
 - ▶ Limit talking to others in the room while you are feeding
 - ▶ Try to avoid distractions like using your phone while you are feeding your baby
 - ▶ Watch your baby carefully - do not stare at the monitor while you are feeding
 - ▶ We want you to learn when the baby is struggling by watching them, not the monitor
 - ▶ You will not have a monitor at home
- ▶ Feeding should only happen when your baby is showing you they are ready to eat
- ▶ Feedings should be stopped if your baby shows any signs of stress

Bottle Feeding

▶ Helpful Hints for Feeding Your Baby:

- ▶ Gently place the nipple in your baby's mouth if they open it for you. Never force a nipple into an infant's mouth
- ▶ It may be helpful to drip a couple drops of milk on the baby's lips to help your baby know the nipple is coming next
- ▶ DO NOT jiggle, twist or pull the bottle in and out of your baby's mouth while they are feeding
 - ▶ It is hard to latch on to a moving nipple!

Burping

- ▶ Burp your baby based on their cues
 - ▶ If your baby pulls away, turns their head or pushes the nipple out during the feed, they likely need a break to burp
 - ▶ If your baby struggles to digest and spits a lot with bottle or tube feedings, you may need to burp them more often
 - ▶ If your baby does not do either of the above, you do not need to stop frequently to burp. You might interrupt their latch/pattern and may not be able to get them to re-latch
- ▶ Burp your baby gently
 - ▶ Move your baby to a seated position with their chin resting between your thumb and 1st finger. If this does not work, you can gently rub upwards along their back.
 - ▶ Putting your baby up on your shoulder to burp is also a good position, but usually works better after the feeding is over. Otherwise you will be moving your baby around a lot and that can be overwhelming.
 - ▶ Avoid heavy patting on your baby's back because it can cause the head to shake. It can also cause your baby to lose their concentration for feeding.

Home Bottle Tips

- ▶ Developmental Therapy (OT/ST) will work with you to recommend where to buy recommended bottles and nipples to use at home.

- ▶ Generally:

If using this in NICU	Use this at home:
Dr. Brown's Level 1	<ul style="list-style-type: none">● Dr. Brown's Level 1, or● Any store-bought SLOW FLOW nipple
Dr. Brown's Transition	<ul style="list-style-type: none">● Dr. Brown's Transition
Dr. Brown's Preemie	<ul style="list-style-type: none">● Dr. Brown's Preemie
Dr. Brown's Ultra Preemie	<ul style="list-style-type: none">● Dr. Brown's Ultra Preemie

- ▶ Dr. Brown's bottles and nipples can be purchased stores like Target, Walmart, Buy Buy Baby, and online at www.amazon.com and www.drbrownsbaby.com
- ▶ The Transition nipple is only available online. We have found it easiest to order most bottles and nipples online.

Home Bottle Recommendations

- ▶ Please tell Developmental Therapy (OT/ST) if you want to bring a different bottle system
- ▶ Please wait until your baby is close to full feedings or able to manage the flow of a Dr. Brown's #1 nipple
- ▶ Home bottles need to follow the same unit washing procedures as Dr. Brown's
 - ▶ Please bring in more than one bottle/nipple
 - ▶ You will need to make sure your nipple says "slow flow" or "0-3 months"
 - ▶ Please label the bottles
 - ▶ We will use a parts basket in the dishwasher to keep your parts and bottles separate
- ▶ Be aware that being able to use a different home system is rare. Most babies need the slower preemie flow nipple that is only available with Dr. Brown's bottles.
- ▶ OT/ST will be happy to help you through this process and help you choose the best bottle system for your baby.