

STEP NINE

BOTTLES, TEATS AND PACIFIERS

Discuss with mothers the use and risks of using feeding bottles, teats and pacifiers.

HIPANGA 9

Me whakawhiti kōrero ki ngā whaea mō te whakamahinga me ngā mōrea o te whakamahi i ngā pātara whāngai, i ngā kōmata me ngā ngotengote whakamutu tangi.

Review date: January 2028

Health New Zealand (NZ) Waitaha Canterbury commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding/chestfeeding policy, at each review.

PURPOSE

To ensure careful consideration is taken prior to artificial teats or pacifiers being given to or recommended for, breastfed/chestfed pēpi.

RESPONSIBILITY

The breastfeeding/chestfeeding policy and guidelines are applicable to all Health NZ Waitaha employees working within maternity facilities including visiting health professionals and students.

GUIDELINE

Breastfeeding/Chestfeeding māmā/parents should be discouraged from using teats and pacifiers while their pēpi is learning to breastfeed/chestfeed, with the reasons for this explained to them.

Breastfeeding/Chestfeeding māmā/parents will be fully informed of their options for alternative feeding methods where supplementary feeds are required or requested. In addition to individualized discussion with Level 3 staff, parents will be provided with the information resource '[Supplementary Feeding Methods](#)' (Ref.2408123) to help them make a fully informed decision about feeding methods.

BOTTLES AND TEATS

- Sucking actions required for breastfeeding/chestfeeding and for teats are different.
- Breastfed/chestfed infants suckle, using primarily negative pressure. Teat-feeding infants primarily use compression. Tongue and jaw movement differ.
- Depending on the technique used, newborn pēpi given bottle and teat feeds may take larger volumes than they normally would from the breast and in a shorter time, making it more difficult to transition back to breastfeeding/chestfeeding.
- The potential negative effects on the establishment and duration of breastfeeding/chestfeeding (outlined above)
- Teat use in the early weeks can interfere with establishment of breastfeeding/chestfeeding and lactation
- Fewer negative effects of bottle and teat use are seen once breastfeeding is established

- For preterm infants being cared for on the maternity ward evidence demonstrates that use of bottles with teats interferes with learning to suck at the breast/chest. Therefore, if breastmilk or other fluids are clinically indicated the preferred method of supplementation is by cup, finger-feed or spoon.

NEONATAL

- For the breastfed/chestfed preterm pēpi, supplementary feeds should ideally be given by nasogastric tube or alternative feeding methods discussed with the māmā/parent.
- In the neonatal unit the preferred method of transitioning to full oral feeding is weaning from nasogastric tubes as per neonatal unit [feeding code](#) (Ref.2403505 (239170)).

PACIFIERS

While breastfeeding/chestfeeding is being established, whānau should be advised that use of a pacifier may:

- Interfere with establishment of breastfeeding/chestfeeding
- Mask early feeding cues from pēpi thereby reducing feeding intake
- Delay and reduce lactation
- Mask feeding problems that require attention
- Increase chance of ear infections and oral thrush for pēpi
- Reduce duration of breastfeeding/chestfeeding

For preterm infants in a neonatal unit who are unable to breastfeed/chestfeed directly, evidence shows that non-nutritive sucking and oral stimulation may be beneficial until breastfeeding/chestfeeding is established. Pacifiers used in a developmentally supportive way to provide non-nutritive sucking are appropriate in the neonatal intensive care unit.

ALTERNATIVE FEEDING METHODS

To ensure informed decisions are made around alternative feeding methods, parents on maternity ward will be provided with written information '[Supplementary Feeds \(Tops-Ups\)](#)' (Ref.2408123) in conjunction with individualised discussions with whānau.

All clinical Maternity and Neonatal staff responsible for the care of māmā/parent and pēpi in relation to infant feeding will receive clinical tuition on alternative feeding methods. This is part of Level 3 staff orientation.

CHOOSING A FEEDING METHOD

A feeding method should be chosen only after observing and assessing the feeding dyad together.

When an infant requires supplementary feeds of either expressed milk, pasteurised donor milk or infant formula, the following criteria for a feeding method should be considered:

- Is it a suitable intervention for the length of time needed?
- Will it help the pēpi learn to breastfeed/chestfeed?
- It is a good match for the infant's:
 - Stamina
 - Physical condition
 - Level of maturity

To avoid possible aspiration and feed aversion, for any feed taken orally, pēpi should be alert and showing feeding cues.

A nasogastric feed should be considered where pēpi is too sleepy or unwell to feed. This would require a neonatal paediatrician assessment and potentially neonatal admission for tube feeding.

CUP FEEDING

Cup feeding is useful at any stage when a temporary feeding method is required. It is suitable for giving volumes over 5mL. Using correct technique pēpi is engaged in feeding behaviours and can feed at their own pace.

See [Cup Feeding](#) (Ref. PPN123) for more comprehensive instructions.

SYRINGE FEEDING

Feeding by syringe is possible from birth and should be used for small quantities of colostrum or milk less than 5 mLs.

The syringe should be welcomed into the mouth by eliciting feeding cues by 'teasing' the top lip. Small amounts at a time are dropped into the cheek pocket for pēpi to swallow. Pēpi should not 'suck' on the syringe.

SPOON FEEDING

Feeding by spoon is possible from birth and should be used for small quantities of milk only. During spoon feeding the infant determines the pace. The spoon is placed at the angle of infant's lips so pēpi can lick or suck milk off the spoon. Only after swallowing has been observed should more milk be offered.

SUPPLY LINE AT THE BREAST (SUPPLEMENTARY FEEDING TUBE OR SFT)

For use only with an adequate latch. Useful if māmā/parent has a low milk supply. Adding flow at the breast/chest using a feeding tube device can be a strategy to improve sucking patterns and efficiency while meeting nutritional requirements for the pēpi, and can be empowering/mana enhancing for the parent.

For more comprehensive instructions see [Supplementary Feeding for Breastfeeding Mama \(Parent\)](#) (Ref.2411631).

FINGER FEED WITH SUPPLY LINE (MATERNITY SERVICE)

Finger feeding is a temporary feeding method. If it is identified as having some clear benefits for māmā/parent and pēpi following a full assessment, then finger feeding should only be carried out by the māmā/parent following instruction from a suitably qualified health professional. After thoroughly washing hands, parents' finger is invited into the mouth by eliciting a gape response. Pēpi sucks on a finger that is positioned deep in the mouth (finger pad against palate) with a feeding tube device inserted alongside. Pēpi and parent are both engaged in the feeding process.

PACED BOTTLE FEEDING

Māmā/parents who make the informed decision to provide clinically indicated supplementary feeds using a bottle and teat will be shown how to use the paced bottle-feeding method. This has been shown to be more supportive of breastfeeding.

NEONATAL

Some pēpi who do not cope with bottle feeding in the upright position may benefit from the elevated side lying position in conjunction with paced bottle feeding. After appropriate feeding assessment by the Neonatal Feeding Team there may be a recommendation for specialist teats and bottles.

PĒPI IN NICU

Neonatal Units may recommend pacifiers for pēpi where there is a specific indication, eg., a pēpi who is undergoing an unpleasant procedure or whose oxygenation or digestion will be improved if sucking is encouraged. It should first be established that:

- Comfort or assistance that the pēpi requires cannot be provided by another means, e.g., skin-to-skin contact or suckling at the breast/chest
- The māmā/parent understands the rationale behind the management and that the intervention is temporary.
- The māmā/parent is aware of the potential effects of pacifiers on breastfeeding if used long term.

It is recommended that pacifier use is discontinued when the pēpi begins to show signs of readiness to breastfeed/chestfeed.

No hospital-supplied pacifiers will be sent with pēpi when transferring from the Neonatal Unit to Maternity Ward, a Primary Maternity Unit or when discharged home.

NIPPLE SHIELDS

All staff should actively discourage use of a nipple shield without clinical justification.

Any māmā/parent considering the use of a nipple shield must:

- Have access to a skilled practitioner whilst using the shield
- Be made fully aware of recommended reasons for use
- Be aware of any advantages and any disadvantages
- Understand that long-term use without appropriate ongoing support may have an effect on milk supply and breastfeeding/ chestfeeding success.
- Know how to access appropriate, skilled follow up to discontinue use when/if it is no longer required.

For further information on the use of a nipple shield refer to the Health NZ Waitaha guideline [Breastfeeding – Nipple Shield Use](#) (Ref.2405154).

AUDIT

Audit of practices within the maternity facility is crucial to ensuring evidence-based care and quality outcomes for māmā and pēpi. Methods will include audits of Infant Feed Charts, observations on the postnatal ward and interview of māmā (with consent).