SPOON AND CUP FEEDING – ALTERNATIVE FEEDING METHODS IN THE EARLY POSTNATAL PERIOD

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM
   • An alternative feeding method is provided to newborns who are unable to directly breastfeed
   • Additional nutritive fluids are provided to the breastfed baby utilising a method that supports Baby Friendly Health Initiative implementation standards

2. PATIENT
   • Postnatal mother and baby

3. STAFF
   • Registered midwives
   • Registered nurses
   • Student midwives under supervision of a registered midwife

4. EQUIPMENT
   • Well washed and dried plastic spoon
   • Well washed and dried medicine cup
   • Expressed breastmilk
   • Infant formula (if required)

5. CLINICAL PRACTICE
   • Commence the Breastfeeding Assessment tool (found in the Maternal Care Plan) within 24 hours of birth
   • Implement a Feeding Plan for any mother experiencing breastfeeding difficulties
     o Include use of increased skin to skin contact
     o Facilitate baby led attachment
   • Identify requirement for fluids in place of breastfeed or in addition to breastfeed
     o Demonstrate hand expressing techniques
     o Assist with the use of the electric breastpump as required
     o Determine if medical requirement for supplementation exists
   • Obtain verbal consent for procedure and written consent if using infant formula
   • Perform hand hygiene as per NSW Health policy
   • Determine the use of a spoon or cup dependent of the volume and viscosity of milk
   • Ensure compliance with NSW Health policy if using previously expressed breastmilk
   • Wrap baby securely
   • Support in an upright position (see Appendix 1)
   • Rest the tip of the spoon or the rim of the cup against the inside of the lower lip
   • Tilt the spoon or the cup so the milk is just touching the lips. As the baby opens his/her mouth a small amount of the feed will be taken and swallowed, either by lapping or sipping
   
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- **DO NOT POUR MILK INTO THE BABY’S MOUTH**
  - Hold the spoon or cup steady while the baby is actively drinking. Remove when the baby stops
  - Return the spoon or cup when the baby is showing signs of readiness to feed again
  - Repeat procedure until feed completed
  - Assess mother’s understanding and comfort with the practical aspects of spoon or cup feeding
  - Provide written information about cup feeding as required (See Appendix 1)
  - Document indication for use, feed and outcome, revise feeding plan as required

6. **DOCUMENTATION**
   - Maternal Care pathway
   - Neonatal Care pathway
   - Integrated clinical notes
   - ObstetriX

7. **EDUCATIONAL NOTES**
   - When considering an alternative feeding method issues to consider include:
     - Cost and availability,
     - Ease of use and cleaning
     - Whether adequate volume can be fed in 20 – 30 minutes
     - Maternal preference
     - Length of anticipated use
   - Spoon and cup feeding is a process designed to meet the nutritional needs of babies who are unable to attach and/or suck effectively at the breast, whose mothers are temporarily unable to breastfeed or in cases where the baby requires additional nutrition.
   - Cup feeding has been shown to be safe and may help preserve breastfeeding duration in situations where multiple supplemental feedings are required.
   - Step 9 of “The Ten Steps to Successful Breastfeeding” implementation standards require that when a woman is unable to breastfeed the use of a teat should be avoided.
   - Spoon and cup feeding is contraindicated in babies with marked neurological defects.
   - Any baby who has not successfully attached and breastfed by 72 hrs of age requires a medical review

8. **RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP**
   - NSW Health PD2010_058 Hand Hygiene Policy
   - NSW Health PD2006_088 Breast Milk: Safe Management
   - Breastfeeding – Protection, Promotion and Support
   - Identification and Management of Babies at Risk of Delayed Establishment of Breastfeeding
   - Breastfeeding Support Unit
   - Supplementary Feeding of Breastfed Babies
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9. REFERENCES

REVISION & APPROVAL HISTORY
Obstetric LOPs April 2012 (reviewed by Lactation CNC)
(previously titled: Breastfeeding Spoon and Cup Feeding Guideline)
Approved Patient Care Committee March 2008
Reviewed & endorsed Maternity Services Clinical Committee 11/12/07
Replaced: Spoonfeeding, approved 20/10/03 and Cup Feeding, approved 20/10/03
APPENDIX 1

CUP FEEDING: A handout for parents

Cup feeding provides a safe alternative to bottles and teats when your baby is unable to breastfeed effectively or requires additional fluids.

It can also be used if you are temporarily unable to breastfeed your baby.

Expressed breastmilk should be used. Where medically indicated or at your request a breastmilk substitute (formula) may be given. A written consent for a breast milk substitute is required in the hospital setting.

The cup used should be small and smooth edged, the capacity should be no more than 30 mls.

HOW TO CUP FEED

1. Before starting, wash your hands thoroughly and place the milk into a clean and dry cup.
2. Ensure your baby is awake and alert prior to starting a cup feed.
3. Wrap your baby securely to prevent his/her hands from knocking the cup.
4. Place a bib under your baby's chin; the baby may dribble some of the milk.
5. Hold your baby in a supported sitting position on your lap, so that you are both comfortable.
6. Keep your baby in an upright position throughout the feed.
7. The cup should be no more than half full.
8. Place the cup so the rim is gently resting on your baby's lower lip.
9. Tilt the cup until the milk is at the rim.
10. Your baby will open his/her mouth and begin to sip or lap up the milk. You will hear swallowing.
11. Leave the cup in place while your baby is feeding actively. Your baby will regulate the pace and volume of the feed. Remove the cup when the baby stops drinking.
12. Return the cup when your baby is showing signs of being ready to feed again.
13. Repeat this process until the feed is finished, usually within 20 to 30 minutes.
14. Following the feed wash the cup in hot soapy water then rinse and dry. The cup can be stored in a clean container (with a lid) in the fridge for later use.

Acknowledgement: PR2011_353 Cup Feeding Breastfed Well Babies - NSLHD