Royal Hospital for Women (RHW)
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COVER SHEET

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SUMMARY	Provide an alternative feeding method for a term neonate who is unable to directly breastfeed in the postnatal setting. Baby Friendly Health Initiative (BFHI) recommends parents be counselled on the risks and use of bottles and teats. Alternatives such as cups, spoons and syringes decrease the use of artificial teats in a breastfed neonate(s) and support the establishment of breastfeeding.
Key Words	Breastfeeding neonate, Baby Friendly Health Initiative, alternative infant feeding, supplementing, cup, spoon.

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Alternative Feeding Methods in the Early Postnatal Period

RHW CLIN142

Contents

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to provide an alternative feeding method for a term neonate in the postnatal setting that is unable to directly breastfeed. Alternatives such as cups, spoons and syringes decrease the use of artificial teats and are known to be a safe alternative in supporting the establishment of breastfeeding. Baby Friendly Health Initiative (BFHI) step 9 ensures maternity facilities counsel parents on the risks and the use of bottles, teats and dummies.

Definitions:

Syringes	1-3ml syringes used for Immuno-Supportive Oral Care (ISOC) **or** first 24 – 48 hours, for colostrum only
Spoons	Available cleaned plastic spoons for breastmilk or infant formula
Cups	Plastic medicinal cups for breastmilk or infant formula

2 RESPONSIBILITIES

2.1 2.1 Staff (Medical, Midwifery, Nursing, Allied health)

Midwives, nursing staff assisting with breastfeeding and medical staff recommending or supporting supplementation for a breastfed baby will consider alternative options and provide appropriate counselling to parents.

3 PROCEDURE

3.1 Clinical Practice points

- Commence the breastfeeding assessment form found within the maternal clinical pathways within 24 hours of birth
- Encourage unrestricted skin-to-skin contact

- Facilitate neonate-led attachment
- Support unrestricted and untimed breastfeeds
- Implement a written Breastfeeding Plan if a woman is experiencing breastfeeding difficulties
- Demonstrate hand expressing techniques
- Assist with the use of the electric breast pump, if indicated, and provide education to the woman on use and cleaning of equipment
- Store expressed breastmilk as per Expression and Safe Management of Expressed Breast Milk SESLHDGL/081
- Identify volume required for supplementation in addition to breastfeeding
- Determine if there is an acceptable medical reason for supplementation (Appendix 1)
- Obtain verbal and written consent if using formula

Spoon & Cup feeding:

- Perform hand hygiene as per NSW Health Infection Prevention and Control Policy
- Demonstrate supplementation with spoon and/or cup feeding. Determine the use of a spoon or cup dependent on the volume and viscosity of milk and neonate's alertness.
    - Provide written information about spoon/cup feeding to woman.
    - Assess woman/carer's understanding and comfort with the practical aspects of spoon or cup feeding
    - Document indication for use, volume of feed and outcome in neonatal care plan and maternal and neonatal medical record.
    - Revise feeding plan as required

Syringe and finger feeding:

- Perform hand hygiene as per NSW Health Infection Prevention and Control Policy
- Ensure woman/care's nails are short to reduce oral trauma
- Wrap neonate securely
- Use the index finger pad side uppermost to stimulate neonate's lips until mouth opens. Sucking should draw the finger into the neonate's mouth. The fingertip should reach the junction of the neonatal hard/soft palate
- Insert syringe gently into corner of neonate's mouth alongside the woman/carer's finger and the slowly depress the plunger as neonate sucks and swallows
- Wear gloves when using this method, if performed by staff
- Assess woman/carer's understanding and comfort with this method of feeding
- Document indication for use, volume of feed and outcome in neonatal care plan and maternal and neonatal medical record
- Revise feeding plan as required

3.2 Documentation

- Electronic Medical Record
- Neonatal Care Plan
- Maternal Clinical pathway

3.3 Education Notes

- The Royal Hospital for Women is a BFHI facility and abides by 'The Ten Steps to Successful Breastfeeding'[2,10]
- Step nine of the 'Ten Steps to Successful Breastfeeding' states 'Give no artificial teats or dummies to breastfeeding infants'[2,10]
- When considering an alternative feeding method, issues to consider include:[4]
  - Cost and availability
  - Ease of use and cleaning
  - Adequate volume which can be fed in 20-30 minutes
  - Maternal preference
  - Expertise of healthcare staff
  - Length of anticipated use
  - Method to enhance development of breastfeeding skills
- An optimal supplemental feeding device has not yet been identified. No method is without potential risk or benefit [4]
- Spoon and cup feeding allows the neonate to control feeding pace[4]
- Spoon and cup feeding has been shown to be safe for term and preterm neonates and may help preserve breastfeeding duration when multiple supplements are required[3,5]
- Possible contra indications to spoon/cup feeding include if neonate: [4]
  - has a poor gag reflex
  - is lethargic or excessively sleepy
  - has a poor suck
  - has a marked/significant neurological deficit
- Distinct differences in jaw and tongue movement and faster flow teats may result in higher than necessary volumes of feeds when using a bottle[4]
- Cup feeding is an easy alternative to feeding babies that can be taught to parents Access is widely available on the internet. Video Cup-feeding | Australian Breastfeeding Association
- Artificial teats require less vacuum application than a human nipple, are shaped differently, present a rigid stimulus to the mouth and produce a fast flow rate that may overwhelm some neonates[4,5]

3.4 Related Policies/procedures

- NSW Health PD2018_034 Breastfeeding in NSW: Promotion, Protection and Support
- SESLHD Care of Infant Feeding Equipment within SESLHD Facilities
- RHW Breastfeeding – Protection, Promotion and Support
- RHW Supplementary Feeding of a Breastfed Neonate in the Postpartum Period

3.5 References

1. Australian Breastfeeding Association. Cup feeding [Webpage - Internet]. South Melbourne: ABA; [cited 2025 Apr 17]. Available from: https://www.breastfeeding.asn.au/bfinfo/cup-feeding
2. Australian College of Midwives. Baby Friendly Health Initiative Australia: BFHI handbook for maternity facilities [Internet]. Canberra: Australian College of Midwives; 2021. [cited 2025 Apr 17]. Available from: https://bfhi.org.au/wp-content/uploads/2021/09/BFHI-Handbook-Maternity-Facilities-Last-Revised-Feb-2021.pdf
3. National Health and Medical Research Council. Infant feeding guidelines: summary [Internet]. Canberra: Commonwealth of Australia; 2012 [cited 2025 Apr 17]. Available from: http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56_infant_feeding_guidelines.pdf
4. Flint A, New K, Davies MW. Cup feeding versus other forms of supplemental enteral feeding for newborn infants unable to fully breastfeed. Cochrane Database Syst Rev [Internet]. 2016;8:CD005092. Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005092.pub3/epdf/full
5. Kellams A, Harrel C, Omage S, Gregory C, Rosen-Carole C. ABM clinical protocol #3: supplementary feedings in the healthy term breastfed neonate. Breastfeed Med [Internet]. 2017;12(3):188–98. Available from: https://www.ncbi.nlm.nih.gov/pubmed/28294631
6. King Edward Memorial Hospital. Finger feeding your newborn baby video [Internet]. Perth: Government of Western Australia North Metropolitan Health Service, Women and Newborn Health Service. [cited 2025 Apr 17]. Available from: https://www.kemh.health.wa.gov.au/Pregnancy-and-Birth/After-your-pregnancy/Breastfeeding/Resources
7. McKinney CM, Glass RP, Coffey P, Rue T, Vaughn MG, Cunningham M. Feeding neonates by cup: a systematic review of the literature. Matern Child Health J [Internet]. 2016;20(8):1620–33. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5091933/pdf/nihms772859.pdf
8. Moore ER, Bergman N, Anderson GC, Medley N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev [Internet]. 2016;(11):CD003519. Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003519.pub4/epdf/full
9. Walker M. Formula supplementation of breastfed infants: helpful or hazardous? Infant Child Adolesc Nutr [Internet]. 2015;7(4):198–207. Available from: https://journals.sagepub.com/doi/pdf/10.1177/1941406415591208

10. World Health Organization. Ten steps to successful breastfeeding [Internet]. Geneva: WHO; 2018 [cited 2025 Apr 17]. Available from: https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding
11. World Health Organisation/Unicef. Acceptable medical reasons for use of breast-milk substitutes. 2009. Cited 29 April 2025. Available from https://iris.who.int/bitstream/handle/10665/69938/WHO_FCH_CAH_09.01_eng.pdf?sequence=1

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 1 - Clinical governance
- Standard 2 - Partnering with consumers
- Standard 3 - Preventing and controlling infections
- Standard 5 - Comprehensive care
- Standard 6 - Communicating for safety

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
20/10/03		Spoon-feeding approved 20/10/03 and Cup Feeding approved
11/12/07		Reviewed & endorsed Maternity Services Clinical Committee
March 2008		Approved Patient Care Committee
17/5/12		Approved Quality & Patient Safety Committee Obstetric LOPs April 2012 (reviewed by Lactation CNC) (previously titled: Breastfeeding Spoon and Cup Feeding Guideline)
February 2016		Reviewed and endorsed Lactation Working Party
April 2019		Reviewed and endorsed Lactation Working Party
4/4/25		Minor changes - reviewed by Lactation Services Team
17/4/25		UAT Testing completed
13/5/25		Transcribed to current template. For BRGC
26/05/25		RHW BRGC

Appendix 1.

This appendix is summarised, from BFHI Maternity Facility Handbook as applicable to facilities in Australia, Personnel who make decisions or counsel mothers on supplementation of breastfed infants in a BFHI facility are required to be familiar with and implement these guidelines.

Possible Medical Indications for Supplementation in Healthy Term Infants (37–42 weeks)

In each case, a decision must be made as to whether the clinical benefits outweigh the potential negative consequences of such feedings.

1. Infant Indications:

    a. Hypoglycaemia documented by formal blood sugar level 1.5-2.5mmol/L that is unresponsive to 40% oral Dextrose and a breastfeed. Refer to Hypoglycaemia – Monitoring and management of at risk neonates
    b. Clinical or laboratory evidence of significant dehydration (e.g., high sodium, poor feeding, lethargy, etc.)
    c. Significant weight loss may be an indication of inadequate milk transfer or low milk production, but a thorough evaluation of infant feeding is required before automatically ordering supplementation. It should also be noted that excess newborn weight loss is correlated with positive maternal intrapartum fluid balance (received through intravenous fluids) and may not be directly indicative of breastfeeding success or failure.
    d. Delayed or inadequate bowel movements or continued meconium stools on day 5 may be an indication of inadequacy of breastfeeding. Newborns with more bowel movements during the first 5 days following birth have less initial weight loss, earlier transition to yellow stools, and earlier return to birth weight.
    e. Hyperbilirubinemia associated with poor breast milk intake despite appropriate intervention and marked by ongoing weight loss and limited stooling.
    f. Macronutrient supplementation is indicated, such as for the rare infant with inborn errors of metabolism.

2. Maternal indications:

    a. Delayed secretory activation [72–120 hours] with signs of inadequate intake by the infant
    b. Primary glandular insufficiency as evidenced by abnormal breast shape, poor breast growth during pregnancy, and minimal indications of secretory activation.
    c. Breast pathology or prior breast surgery resulting in poor milk production.
    d. Certain maternal medications (e.g., chemotherapy, psychotherapeutic drugs, anti-epileptic drugs, long-lasting radioactive compounds).
    e. Intolerable pain during feedings unrelieved by interventions.

f. Severe illness that prevents a mother caring for her infant, e.g. sepsis.
g. Uncommon maternal conditions (e.g. HSV lesions on the breasts, HCV positive and bleeding nipples, HIV positive using guidelines based on CD4 count and ART prophylaxis)

Volume of Supplemental Feeding

1. Unrestricted breastfeeding is the biological norm. Formula-fed infants usually take in larger volumes than breastfed infants, therefore may be overfed. The volume of supplementary feeds for breastfed infants should not be based on the intakes of formula fed infants.
2. The amount of supplement given should reflect the normal amounts of colostrum available, the size of the infant's stomach (which changes over time), and the age and size of the infant.
3. Based on the limited research available, suggested intakes for healthy, term infants are given in in the table below, although feedings should be based on infant cues.

Average Reported Intakes of Colostrum
by Healthy Term Breastfed Infants

Time (hours)	Intake (mL/feed)
First 24	2 - 10
24 - 48	5 - 15
48 - 72	15 - 30
72 - 96	30 - 60

Methods of Providing Supplementary Feedings

1. An optimal supplemental feeding device has not yet been identified and may vary from one infant to another. No method is without potential risk or benefit.
2. When supplementary feedings are needed, methods from which to choose: a supplemental nursing device at the breast, cup feeding, spoon feeding, finger-feeding, syringe feeding, or bottle feeding.
3. When selecting an alternative feeding method, clinicians should consider several criteria:
   a. cost and availability
   b. ease of use and cleaning

c. stress to the infant
d. whether adequate milk volume can be fed in 20–30 minutes
e. whether anticipated use is short- or long-term
f. maternal preference
g. expertise of healthcare staff
h. whether the method enhances development of breastfeeding skills.

4. There is no evidence that any of these methods are unsafe or that one is necessarily better than the other. There is some evidence that avoiding teats/artificial nipples for supplementation may help the infant return to exclusive breastfeeding.

Resources

1. Kellams A, Harrel C, Omage S, Gregory C, Rosen-Carole C, Academy of Breastfeeding Medicine. ABM Clinical Protocol #3: Supplementary feedings in the healthy term breastfed neonate, revised 2017. Breastfeed Med. 2017;12)188–98. doi:10.1089/bfm.2017.29038.ajk.
2. UNICEF/WHO. Baby Friendly Hospital Initiative, revised, updated, and expanded for integrated care, Section 4, Hospital Self-Appraisal and Monitoring. 2006. Available at www.who.int/nutrition/topics/BFHI_Revised_Section_4.pdf (accessed November 21, 2016).
3. Baby Friendly Health Initiative Australia. BFHI Handbook for Maternity Facilities [Internet]. Revised 2021. BFHI; 2020. Avai