Approved by Quality & Patient Care Committee
3 March 2016

# 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.*

This guideline and procedure outlines the management of alternative feeding methods in the early Postnatal Period at the Royal Hospital for Women.

1. **AIM**
   - Provide an alternative feeding method to newborns that are unable to directly breastfeed Alternative feeding methods can assist breastfed infants from experiencing the negative effects of using artificial nipples/ teats and encourage positive breastfeeding establishment.
   - Additional nutritive fluids are provided to the breastfed baby utilising a method that supports Baby Friendly Health Initiative implementation standards.
   - Alternative feeding methods are used to decrease the use of artificial teats in breastfed newborns, which can interfere with the establishment of breastfeeding.

2. **PATIENT**
   - Postnatal woman and infant

3. **STAFF**
   - Nursing and midwifery staff
   - Student midwives under supervision of a registered midwife

4. **EQUIPMENT**
   - Well washed and dried plastic spoon
   - Well washed and dried medicine cup
   - Expressed breast milk
   - Infant formula (if required)

5. **CLINICAL PRACTICE**
   - Commence the Breastfeeding Assessment tool found in the Maternal Clinical Pathways for Normal Vaginal Birth/ Caesarean Birth within 24 hours of birth
   - Implement a written breast feeding plan if a woman is experiencing breastfeeding difficulties
   - Include use of unrestricted skin to skin contact
   - Facilitate baby led attachment
   - Unrestricted and untimed breastfeeds
   - Identify requirement for fluids in addition to breastfeed
   - Demonstrate hand expressing techniques
   - Assist with the use of the electric breast pump as required and provide woman with written information
   - Determine if there is a medical requirement- Acceptable Medical Reasons for supplementation (1,2) (See Appendix 1) (1)
   - Obtain verbal and written consent for procedure. Complete, consent for Complimentary/Supplementary feeding of Breastfed Newborns if using infant formula

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- Perform hand hygiene as per NSW Health policy (3).
- Determine the use of a spoon or cup dependent on the volume and viscosity of milk and baby's alertness. If supplementary feeds are required for the newborn, or the infant is sleepy and not attaching to the breast ensure a plan of action is implemented.
- Ensure compliance with NSW Health policy if using previously expressed breast milk
- Wrap baby securely. The infant should be wrapped and held in a semi-upright position. When spoon/cup feeding, allow the infant to pace the feed and lap from the spoon/cup: do not tip milk into the mouth. Allow the infant to swallow and pause to breathe frequently (4,5).
- Support in an upright position (Appendix 2) (6)
- Rest the tip of the spoon or the rim of the cup against the inside of the lower lip (4,5).
- 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 (4,5)
- **DO NOT POUR MILK INTO THE BABY'S MOUTH (5)**
- Hold the spoon or cup steady while the baby is actively drinking. Remove the cup or spoon when the baby stops actively lapping the milk.
- Return the spoon or cup when the baby is showing signs of readiness to feed again
- Repeat procedure until feed is completed
- Assess mother's understanding and comfort with the practical aspects of spoon or cup feeding (5, 7)
- Provide written information about cup feeding as required (See Appendix 1) (1)
- Document indication for use, feed and outcome, revise feeding plan as required (5,7)

### 6. DOCUMENTATION

- Maternal Care pathway
- Neonatal Care pathway
- Integrated clinical notes
- ObstetriX
- Consent for complimentary/supplementary feeding of breastfed newborns

### 7. EDUCATIONAL NOTES

- When considering an alternative feeding method issues to consider include (8, 9, 10, 11):
  - 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 newborns who are unable to attach and/or suck effectively at the breast, whose mothers are temporarily unable to breastfeed or the baby requires additional nutrition (8, 9, 11)
- Cup feeding has been shown to be safe and may help preserve breastfeeding duration in situations where multiple supplemental feedings are required (9, 10)
- 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(4, 7)
- Spoon and cup feeding is contraindicated in babies with marked neurological defects (5, 10).

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- Any baby who has not successfully attached and breastfed by 72 hours of age requires a paediatric medical review.
- Newborns oral motor function differs from teat feeding and breastfeeding. Feeding via a cup can be used from birth if required, to protect breastfeeding by reducing the risk of confusion for the infant (9)
- Infants that are weaning can be weaned onto a cup (11)
- Spoon and cup feeding is contraindicated in babies with marked neurological defects (5, 10). Cup feeding is not an appropriate option for infants who are lethargic, or those with a poor gag reflex (8)
- Cups should have a smooth, rounded edge, such as a small medicine cup.

### 8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD2010_058 Hand Hygiene Policy
- NSW Health PD2010_019 Breast Milk: Safe Management
- Breastfeeding – Protection, Promotion and Support
- Breastfeeding – Risks of Delayed Onset Lactogenesis II , Early Intervention and Management
- Breastfeeding Support Unit- The Royal Hospital for Women
- Supplementary Feeding of Breastfed Babies in the Postnatal Period

### 9. RISK RATING

- Medium

### 10. NATIONAL STANDARD

- Standard RH – Reducing Harm

### 11. REFERENCES

1. World Health Organization and UNICEF. Acceptable medical reasons for use of breastmilk substitutes [Internet]; Geneva: World Health Organization; 2009 [cited 2016 Jan 21]. Available from: http://www.who.int/nutrition/publications/infantfeeding/WHO_NMH_NHD_09.01/en/
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3. NSW Health PD2010_058 Hand Hygiene Policy Available from http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_058.pdf
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Obstetric LOPs April 2012 (reviewed by Lactation CNC)
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Reviewed & endorsed Maternity Services Clinical Committee 11/12/07
Replaced : *Spoonfeeding* approved 20/10/03 and *Cup Feeding* approved 20/10/03

**FOR REVIEW : MARCH 2019**

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# APPENDIX 1

**Acceptable Medical Reasons for Use of Breastmilk Substitutes (1)**

**INFANT CONDITIONS**

**Infants who should not receive breastmilk or any milk except specialized formula**

- Classic galactosemia: a special galactose-free formula is needed
- Maple syrup urine disease: a special formula of luecine, isoleucine and valine is needed
- Phenylketonuria: a special phenylalanine-free formula is needed( some breastfeeding is possible under careful monitoring)

**Infants for whom breastmilk remains the best feeding option but who may need other food in addition to breastmilk for a limited period**

- Very low birth weight infants ( those born weighing less than 1500g)
- Very preterm infants, i.e. those born less than 32 weeks gestational age
- Newborn infants who are at risk of hypoglycaemia by virtue of impaired metabolic adaptation or increased glucose demand ( such as those who are preterm, small for gestational age or who have experienced significant intrapartum hypoxic/ischaemic stress, those whose mothers are diabetic) if their blood sugar fails to respond to optimal breastfeeding or breastmilk feeding

**MATERNAL CONDITIONS**

**Mothers who may need to avoid breastfeeding**

- HIV infection: if replacement feeding is acceptable, feasible, affordable, sustainable and safe

**Mother who may need to avoid breastfeeding temporarily**

- Severe illness that prevents that prevents a mother from caring for her infant, example sepsis;
- Herpes Simplex virus type (HSV-1): direct contact between lesions on the mothers breast and the infants mouth should be avoided until all active lesions have resolved
- Maternal medication:
    - Sedating psychotherapeutic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided is a safer alternative is available
    - Radioactive iodine-131 is better avoided given that safer alternatives are available- a mother can resume breastfeeding about two months after receiving this substance;
    - Excessive use of topical iodine or iodophors (e.g., providone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided
    - Cytotoxic chemotherapy requires that a mother stops breastfeeding during the therapy.

**Mothers who can continue breastfeeding, although health problems may be of concern**

- Breast abscess: breastfeeding should continue on the unaffected breast; feeding from the affected breast can resume once treatment has started
- Hepatitis B: infants should be given hepatitis B vaccine, within the first 48 hours or as soon as possible thereafter
- Hepatitis C
- Mastitis: if breastfeeding is very painful, milk must be removed by expression to prevent progression of the condition
- Tuberculosis: mother and baby should be managed according to National tuberculosis guidelines
- Substance use
    - Maternal use of nicotine, alcohol,ecstasy,amphetamines,cocaine and related stimulants has been demonstated to have harmful effects on breastfed babies;
    - Alcohol, opioids, benzodiazepines and cannabis can cause sedation in both mother and the baby

## APPENDIX 1 cont'd

***Adapted from BFHI Australia, 2009.Booklet 1: Standards of Implementation.***
***Acceptable Medical Reasons for the Use of Breastmilk Substitutes***

1) Technical updates of the guidelines on Integrated Management of Childhood Illness (IMCI). Evidence and recommendations for further adaptations. Geneva, World Health Organization, 2005.
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(6) HIV and infant feeding: update based on the technical consultation held on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Infants, Geneva, 25–27 October 2006. Geneva, World Health Organization, 2007 (*http://whqlibdoc.who.int/publications/2007/9789241595964_eng.pdf)* accessed 23 June 2008).
(7) Breastfeeding and maternal medication: recommendations for drugs in the Eleventh WHO Model List of Essential Drugs. Geneva, World Health Organization, 2003.

## APPENDIX 2 (6)

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

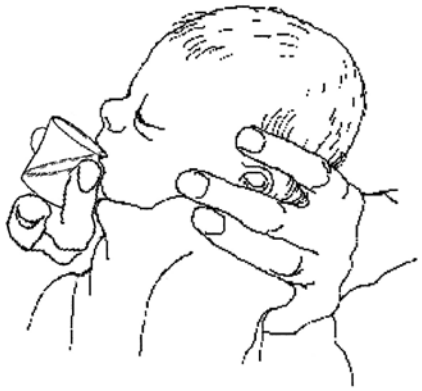
It can also be used if you are temporarily unable to breastfeed your baby.

Expressed breastmilk should be used. Where medically indicated, or at your request a breastmilk substitute (formula) may be given. A written and signed 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. Do not pour milk into baby's mouth.
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

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