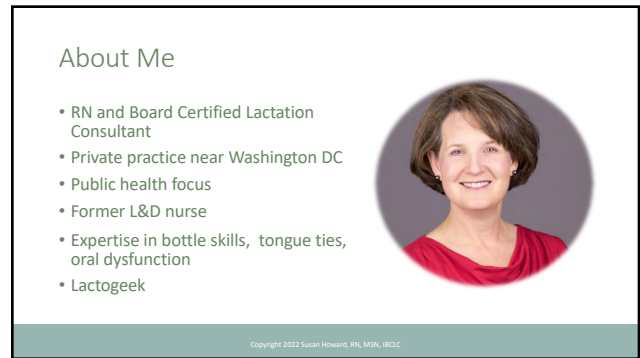
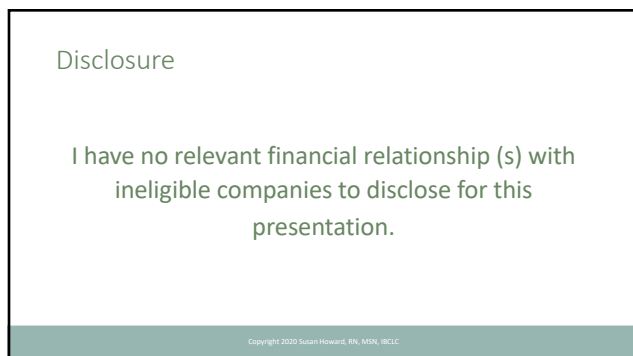


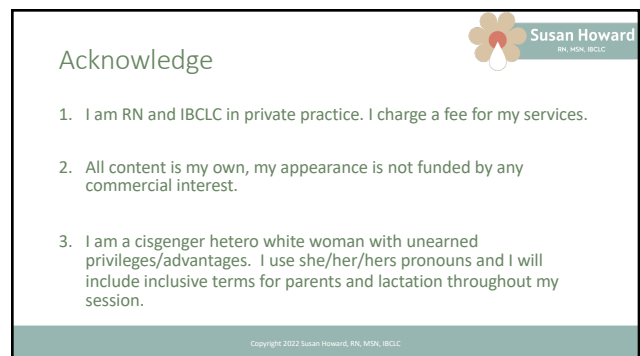
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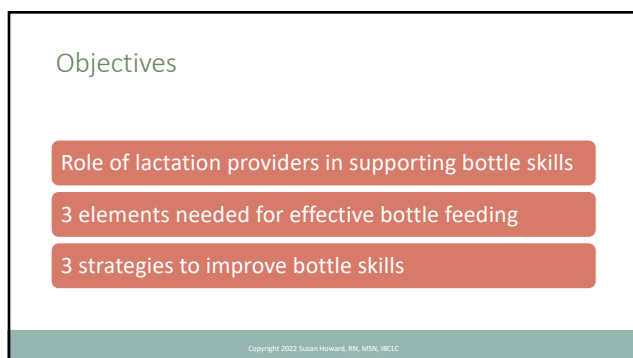
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6



7

Why do you need to know about bottle skills when working with a breast/chest feeding family

- IBCLCs are experts in infant feeding
- Infant separation (medical, illness, work, school, social)
- Families choose to provide pumped milk vs direct feeding
- IBCLC is skilled as supporting the breast/chest feeding dyad

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## Ethics of supporting bottle skills

WHO Code, Scope of Practice, Professional Code of Conduct

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## Ethics of supporting bottle skills

- The WHO Code is about *marketing*, specifically marketing breastmilk substitutes
- It does not prohibit providers from educating families
- The Code is written to prevent predatory marketing

Brooks, 2017

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## Ethics of supporting bottle skills

- IBLCE Professional Code of Conduct says IBCLCs will exercise independent judgment and avoid conflict of interest COI.
- Minimize COI by describing bottle/teat features vs naming specific brands
- IBCLC Scope of Practice mandates that we have a duty to act by providing information that is evidence based and free of COI

Brooks, 2017; WHO, 1981

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When families say  
“baby won’t take a bottle”

A bottle refusing baby may

- Move the nipple around the mouth
- Fight being fed
- Turn head, purse lips
- Avoid eye contact with bottle
- Appear hungry yet refuse to eat

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A bottle refusing baby may also

- Feed best drowsy or asleep
- Previously took a bottle
- Take a few sips & pull back, arch, cry
- Accept milk from a dropper or syringe
- Experience poor growth

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### Common progression for bottle difficulties

0-6 weeks	6-8w	8-12w	12-16w	16-20w	20+ weeks
<ul style="list-style-type: none"> <li>• Baby takes bottle with little difficulty</li> <li>• Reflexive suck</li> </ul>	<ul style="list-style-type: none"> <li>• First notice bottle difficulty</li> <li>• Reflexive suck diminishes</li> <li>• Respond to gentle nudging</li> <li>• Intermittent coughing or choking</li> <li>• Bottle hesitation</li> </ul>	<ul style="list-style-type: none"> <li>• Sucking reflex fades</li> <li>• Suck is volitional</li> <li>• Oral facial growth</li> <li>• Distractions work</li> <li>• Baby fusses with bottle</li> <li>• Baby limits milk intake</li> </ul>	<ul style="list-style-type: none"> <li>• Baby is older, wiser, stronger</li> <li>• Sleep feedings</li> <li>• Feedings &gt;2h</li> <li>• Refusing</li> </ul>	<ul style="list-style-type: none"> <li>• Fully refuse bottles</li> <li>• Anticipates pressure</li> <li>• Baby wakes during sleep feedings</li> <li>• Growth &amp; weight concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Feeding battles</li> <li>• Mother resents baby and breastfeeding</li> <li>• Family is stressed</li> </ul>

Bennett

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Families have heard

Maybe it's your milk

Let baby get good & hungry

Just keep trying

Have someone else feed him

Your baby is stubborn

Leave the house

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Families have tried

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Bottle refusal is a symptom.

Keep digging.

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### Successful bottle skills requires



An informed parent/caregiver



A competent baby



A good fit bottle

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## Variables affecting competent feeding



A competent baby

Kotowski, 2020

Developmental age  
Maturity  
Feeding reflexes  
Sucking skills  
Positioning  
Oral anatomy

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## A competent baby will be able to



A competent baby

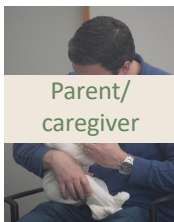
Genna, 2020

- Recognizing the bottle
- Accept the nipple into their mouth
- Initiate an organized suck with appropriate vacuum
- Manage the milk well without coughing, sputtering, or choking

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## Parent/caregiver variables



Parent/caregiver

Kotowski, 2020

Parental sensitivity  
Responsiveness  
Feeding Style  
Control  
Position

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## Bottle variables



A good fit bottle

Kotowski, 2020

Bottle position  
Flow rate  
Teat & bottle material  
Teat compressibility  
Venting  
Bottle size

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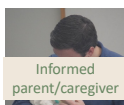
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## Bottle feeding as a system approach

Bottle feeding is the interplay between baby, bottle and parent.

Kotowski, 2020

Intake is affected by parent-infant responsiveness



Informed parent/caregiver



Parental control & feeding style

Intake is affected by baby's skill and the bottle features



Good fit bottle

A competent baby



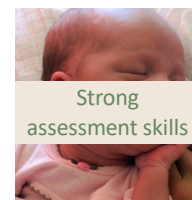
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## To figure out the problem



Good communication skills



Strong assessment skills



Know your bottles

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## Helpful hints for supporting bottle skills

### Nursing parent offers bottle

- Nursing parent can read the baby best
- Baby trust the mother
- Baby is often willing to work hard for their praise



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Begin with a fed and rested baby



Hungry babies do not learn well.



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For the bottle refuser, milk is not a motivator.

Milk is the stressor.



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Suggest a good fit bottle



Nipple/teat  
Collar  
Container

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Finding a good fit bottle is all about the teat



Bottle teats/nipples vary in flow, texture, length, shape, material.

Pados et al, 2019; Gribble et al, 2017

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Shoulders vs Shoulder-less nipples



Prominent shoulder style nipples



Shoulder-less style

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Does nipple shape matter?

- Pictured same baby
- Shoulder style bottle
- Shoulder-less bottle
- Note the wider latch on the shoulderless nipple

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Shoulderless style bottle options are increasing



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Practice with an empty bottle teat and collar



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Educate parents about hunger & satiety cues



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## Pressure feeding

Pressure feeding is anything a parent may do to make a baby eat when they don't want to eat

- Misconceptions about normal intake, feeding frequency and hunger and satiety cues
- Associated with overfeeding
- Parent *controls* the feeding

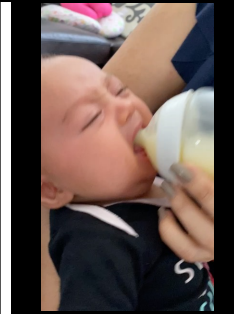


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## Pressure feeding includes

- Swaddling or restraining hands
- Bouncing, dancing
- Jiggling, twisting bottle
- Squeezing milk in the mouth
- Chasing baby with bottle
- Moving to a faster flow nipple
- Ignoring stress cues



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## Bottle consult

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## Set parent expectations

- Cannot make baby take a bottle
- Can help parent figure out why bottles are a problem
- Will suggest a good-fit teat
- Use a skill-building approach
- Learning a new skill takes time and repetition
- Practice daily
- The lactation provider's role is to provide skills, offer guidance & support, and refer as needed



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## How we build bottle skills

- Stepwise approach
- Educate parent/caregiver
- Teach oral-motor skills
- Appeals to parents
- Effective when parents have tried 'traditional' bottle methods



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## The structure of the bottle consult

- Consents & paperwork
- History
- Assessment (IRL or videos sent in advance)
- Identify the source(s) of difficulties
- Create a plan
- 60 minutes
- Weekly follow up visits to track progress



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## Where to begin

Invite parents share videos of what happens at home when bottle is offered

See baby's position, response, bottle styles

Ask: "Is this typical"?



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## Bottle struggles look like this

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## Building bottle skills

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## Steps to Build bottle skills

- Rested & fed baby
- Wake up the body with full body movements
- Wake up the mouth
- Suggest a good fit teat
- Make introductions to baby & bottle
- Narrate "sports cast" your observations; help parents 'see' the limitations

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## Bottle skills and baby competency

- Anatomical features (TOTs)
- Tone & body tension (torticollis)
- Dysfunctional sucking skills
- Poorly integrated reflexes
- Irritable baby
- Sensory aversions
- Swaddling, container baby



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Step #1

## Warm up body, brain & mouth

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Video:  
Body warm  
up



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Video:  
Oral warm  
ups



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Step #2

Position baby in a  
supported, stable  
position with hips  
flexed

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Video:  
Seated &  
Stable



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Step #3

Introduce baby to  
bottle  
See it. Touch it. Taste it.

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Video:  
Make Intros



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Step #4

## Place teat across baby's lips

Collar on chin. Nipple at nose.

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Video



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Avoid lip  
poking



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Step #5

## Wait for the gape

Wait for baby to open.  
Lips parting is the invitation to  
place the nipple in the mouth.

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Video: wait  
for the gape



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Step #6

## Aim the teat to hard palate

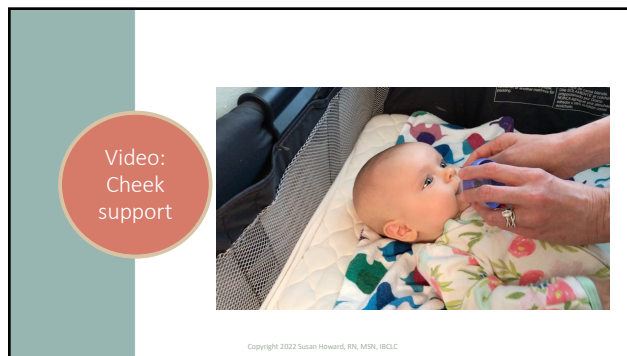
Placing teat on the tongue  
releases milk.  
More likely to trigger a tongue  
thrust.

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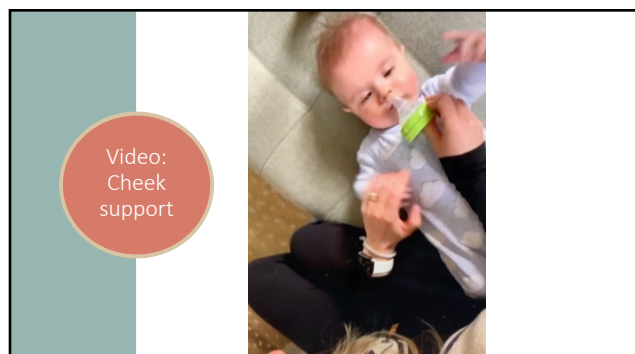
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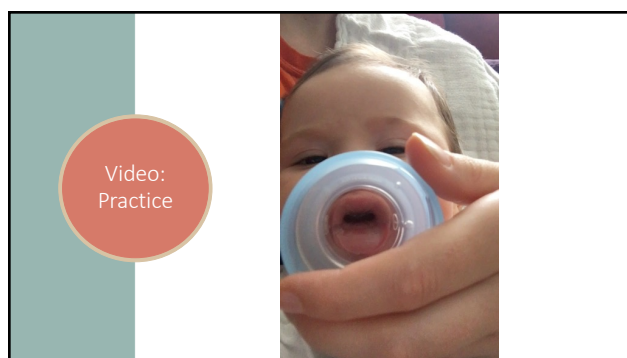
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## Introduce milk

Step #8

Syringe & teat method.  
Bottle method.

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Video:  
Offer milk



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Video:  
Offer bottle



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## Building confidence & competency

Step #9

Once bottle skills are mastered they must be maintained.

Practice daily with a 1 oz bottle of milk.

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Video:  
Refining skills



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- Select a good fit bottle
- Baby in a stable position
- Baby meets bottle
- Place teat across lips
- Wait for the gape
- Aim teat to hard palate
- Allow baby to get organized



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- Place fingers on collar
- Hand rests on baby's chest
- Partially fill the teat with milk
- Hold bottle mostly horizontal
- Watch for stress cues
- Respond by lowering milk out of the teat

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## Respond to stress cues

Step #10

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## Stress cues

- Splayed fingers or toes
- Worried expression
- Gulping
- Milk leakage
- Head turning
- Avoiding
- Arching
- Averting gaze

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## Teether toys & Tummy time

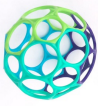

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## Teether toys


- Teether toys can be offered as early as 10-12 weeks
- Desensitize sensitive gag reflex
- Encourage oral movements & provide stimulation
- Playtime becomes practice time
- Demonstrate to parents how to use teether toys

 Como Tomo
  Mushroom

 O- Ball
  Ps and Qs

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Video: teether toys build skills

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Tummy time builds feeding skills

- Encourage tummy time
- Goal of 30-60 minutes per day
- Recommend & demonstrate alternative ways to build tummy time tolerance

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10 Steps to supporting bottle skills

- 1 Select a good fit bottle
- 2 Baby in a stable position
- 3 Baby meets bottle
- 4 Place teat across lips
- 5 Wait for the gape
- 6 Aim teat to the palate
- 7 Allow baby to get organized
- 8 Pace the feeding
- 9 Maintain eye contact
- 10 Respond to stress cues

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Care plan for the bottle-refusing baby

- Assign "homework"
- Wake up the body
- Wake up the mouth
- Introduce baby and bottle
- Tummy time & teether toys
- Multiple times per day better than a long workout
- Progress checks

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Return to work plan

- Counsel on language w/ employer
- Counsel parent on timeline
- Working with employer
- Provide letter/documentation
- Engage daycare
- Alternative feeding options/methods
- Avoid pressure feeding

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Daycare options

- Delay return
- Shorter days
- WFH option
- Baby comes to mother for feedings
- Mother goes to daycare for feeding
- Set expectations for volume
- Reverse feeding
- Spoon feed

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Supporting bottle-refusing babies is complicated

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## Contact me

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