



BOTTLE BASICS

New to this whole bottle-feeding thing? **SIMONE CASEY** chats to the experts to discover the key dos and don'ts with bub's bottle

Just because Nan added cereal – or even a drop of brandy – to your mum's bottle when she was a baby, doesn't mean it's still the thing to do! Outdated feeding ideas sometimes filter through to the current generation of parents, and if you're a new mum and a bit unsure of yourself, it can be easy to take Nan's word as gospel. Read on to discover some of the most important dos and don'ts when bottle-feeding. As you read, remember that we all do our best and, if what you've been doing isn't suggested as ideal, it's not the end of the world. Take this as an opportunity to learn and to phase out anything that's potentially unsafe.



DON'T PUSH, WIGGLE OR JIGGLE

Babies do best when their bodies are fully prepared to feed. "Ideally your baby will already be showing signs of hunger – searching for the nipple, making sucking motions, bringing his hands to his mouth – and will be in a quiet but alert state," says Carly Veness, a paediatric speech pathologist from Babble & Munch Speech Pathology, who specialises in infant and toddler feeding difficulties. At the start of the feed, gently stroke the teat from below your little's nose and across his lips to encourage the rooting reflex, and wait for bub to open rather than pushing the teat in. Once he's feeding, allow

your baby to pause while he eats, to take a breather or to just look around if he'd like to. Pushing the teat in and out and wiggling or jiggling the bottle to get your baby to take more can actually make him take less. "It interrupts your baby's rhythm and can be a distraction from feeding. This is all part of your baby learning to feed and pace himself," adds Carly. If your baby is very sleepy for feeds or is having trouble taking a bottle, seek help.



DON'T PROP BABIES UP TO FEED

Wedging bub into an upright position then propping the bottle up so it stays in his mouth unaided isn't safe. "Babies need to be nursed to feed," says Fleur Turner, a midwife, maternal and child health nurse, and lactation consultant. "This allows loving interaction between baby and caregiver and prevents choking and overfeeding." Babies with propped-up bottles aren't able to turn their head to indicate they are full and are often not fully supervised in case they choke or gag on the flowing teat.



DON'T WATCH THE BOTTLE, WATCH THE BABY

Instead of watching how much your baby drinks, watch for signs that he's still hungry or has become full. "Babies are born with

the ability to know how much they need to eat in order to grow," says Carly. "Some feeds they will want more, some feeds less. Help your baby learn to grow up listening to internal hunger and fullness cues by following his lead with each bottle." Remember that no-one knows how much your baby needs to drink each day like your baby does, and consistent growth that tracks along his own curve on the charts, whether low or high, is a good sign that your bub is getting enough during his feeding time. >

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DON'T KEEP UNUSED FORMULA

Did you get annoyed when a housemate left the milk out on the bench? Milk that's been left out goes off quicker, and your baby's bottle is no exception. "Milk is a great medium to grow bacteria," says Fleur. "Made-up formula should be used within an hour and then discarded. It's recommended to make up formula as needed, and not to make bottles up in advance." If you need to carry feeds out and about, Fleur suggests carrying boiled water and powder separately, or if you're travelling where boiled water is unavailable, bottled water can be used. "There are containers available to carry the measured out scoops that then add and mix to the measured water," she says. Thermal bags with an ice brick in them are okay to transport cooled bottles for a short time.



DON'T PRESSURE OR FORCE

It's important to follow your baby's lead and to avoid pushing him if he appears reluctant to feed. "Force-feeding and continuing to feed your baby if he is distressed can set up negative associations with feeding that can lead to longer-term problems and aversions," says Carly. Recognise that any refusal behaviours (such as bub turning or pulling away, closing his mouth, or crying and arching) are your baby's way of communicating how he feels inside. Carly says it's quite normal for bubs to occasionally

refuse a feed, particularly if they are overtired or feeling unwell, but regular or persistent feed refusal or distress with the feeding routine requires further professional evaluation.



DON'T PUT BUB TO BED WITH A BOTTLE

There are quite a few risks associated with sending bub to bed alone with a bottle. First and foremost there is the choking risk, as babies may draw liquid into their lungs if they fall asleep while feeding, says Fleur. Usually a baby may cough or splutter if something goes down the wrong way, but if asleep, he may not be as good at waking up as an adult. Ear infections are another risk, which can occur if babies drink while lying down and the milk flows through to the ear canal. Milk from overnight bottles can also pool behind the teeth and gums and cause gum disease and dental caries, as milk is quite high in sugar.



DON'T FORGET THE CUDDLES

Touch is very important for babies. Supportive touch helps little ones to be calm, to get into a rhythm, feed well and even to grow. "Touch releases 'feel good' hormones like oxytocin that promote bonding, and tells your baby over and over that he is loved," says Carly. Babies need good head, neck and body support in order to be able to feed and swallow well. Carly says the safest and most supportive position for bottle-feeding is with bub's body tucked up against your body in a semi-upright position with his head and neck supported in the crook of your arm, arms bent towards the middle of his body (while still free to move), and hips bent up slightly.



DON'T CUT THE TEAT OR ADD TO BOTTLES

Avoid enlarging the hole in the teat. Even small changes in the hole size can lead to big changes in the flow of milk. "Increasing the flow of milk beyond what your baby is able to manage easily can overwhelm him and lead to coughing, choking or breathing difficulties," says Carly. If you feel your baby needs a faster flowing teat, there are a wide range of flow speeds available in various brands. Sometimes parents cut the teat because they're adding

cereal or thickener into bottles, which again, isn't recommended. "I find it's a custom in some European countries as grandparents tend to recommend it to their children," says Fleur. Babies are only ready to start solids at around six months of age, and introducing cereal in bottles before bub's system is developmentally ready is not a good idea. There is no current evidence that suggests this practice will encourage your bub to sleep for any longer, it may increase the risk of food allergies and, because it increases the amount of kilojoules in the milk, it can lead to overfeeding and long-term issues with weight.



DON'T MICROWAVE BOTTLES

This may seem simple, but it's probably one of the hardest 'don'ts' to resist, as microwave ovens seem a quick and easy way of heating a bottle when bub is screaming for a feed. The thing to think of here, is that your little one will be crying a lot harder with a scorched mouth! "Microwaving bottles can cause hot spots in the milk, which can burn your baby," says Fleur, who explains the recommendation is to heat bottles by sitting them in warm or hot water, or to use an electric bottle warmer. If you do need to use the microwave, take care to heat the bottle for only a short time, to shake the bottle to disperse hot spots, and to check the temperature carefully before offering the bottle to your baby.



DON'T BE AFRAID TO GET HELP

For many babies, feeding goes smoothly. However, some babies and parents experience more difficulties with feeding and require a bit more help. Speak to your maternal and child health nurse, paediatrician or GP if you're concerned about any aspect of your child's feeding. "It's better to seek help early than to let feeding problems develop," says Carly. Speech pathologists with experience in infant feeding like Carly are trained in the treatment of feeding problems, including difficulties with sucking, swallowing or breathing while feeding, coughing or gagging on feeds, losing milk from the mouth or nose, and feed refusal. If you or your baby are finding feeds stressful or you find yourself dreading the next time bub needs to eat, please seek help. ★

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The National Health and Medical Research Council recommends babies be exclusively breastfed until six months of age and that breastfeeding is continued until 12 months of age and beyond, for as long as mum and child desire. While breastfeeding is the ideal way to nourish your baby, we recognise not all mums are able to do so. If you have any concerns about your breastfed or bottle-fed baby, make an appointment with your child health nurse or GP.