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Syringe and Cup Feeding a Newborn in Hospital

Classification :	Guideline
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Departments/Group this Document applies to:	Maternity, Neonatal and Paediatrics

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Guideline to be followed by (target staff):

To be read in conjunction with the following documents:

- Milton Keynes University Hospital NHS Foundation Trust. Newborn feeding policy. DOC155. Version 1.1, 2017
- Milton Keynes University Hospital NHS Foundation Trust. Hypoglycaemia of the Newborn. PAED/GL/169. Version 4.1, 2017.

Are there any eCARE implications? No

CQC Fundamental standards:
Regulation 9 – person centred care
Regulation 12 – Safe care and treatment
Regulation 14 – Meeting nutritional and hydration needs
Regulation 19 – Fit and proper

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.
The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

The purpose of this guideline is to inform maternity and neonatal staff how to enable babies ≥ 34 weeks, to take breastmilk or supplementary feeds without using a bottle. This will reduce the impact on success for future breastfeeding and working with the innate suckling reflex, which is present from birth.

Executive Summary

There are two methods for use within the hospital by trained healthcare professionals; syringe feeding and cup feeding. If a mother wishes to breastfeed and has not done so successfully, but the baby must be fed due to clinical concerns, either of these methods can be used.

Syringe feeding can be used during the first few days ,when the baby is taking small amounts of expressed colostrum (< 5 mls).

Cup feeding can be used to offer feeds of colostrum, expressed breast milk or formula to babies ≥ 34 weeks.

World Health Organisation (2017) recommends this form of feeding a supplement to a breastfed baby. An advantage of cup feeding is that the infant is required only to lap the milk and then co-ordinate swallowing and breathing. Potential "nipple-teat confusion" may be avoided. The infant can pace it's feed, which enhances oxygen saturations and minimizes energy expenditure. (UNICEF 2015).

Expressed breast milk (EBM) should always be used whenever possible.

Definitions

Syringe Feeding – offering a feed via a sterile single use oral syringe of breastmilk
Cup Feeding – offering a feed via a sterile single use cup of breastmilk or formula
EBM – Expressed breastmilk
NNU – Neonatal unit
Bung – Purple bung manufactured for use with oral syringes to hold collected breastmilk

1.0 Roles and Responsibilities:

It is the responsibility of the Midwife or Nursery Nurse to offer the feed in this manner. This must only be done after competency of this technique has been signed off by the Infant Feeding Lead Midwife.

2.0 Implementation and dissemination of document

This document will be available on the trust website.
Training to achieve competency will take the form of a skills assessment; two observations and three supervisions. Only on completion will the competency be achieved.

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3.0 Processes and procedures

3.1 Syringe Feeding

This method is appropriate for offering small quantities (< 5ml) of EBM/colostrum using a 1ml syringe to the breastfed baby.

3.1.1 Advantages of syringe feeding a baby

- Easier to give small amounts of colostrum.
- Enables a baby to feed when they have been unable to latch onto the breast and suckle successfully, but need to have a feed according to a clinical need.
- Helps to reduce the risk of causing confusion between a teat and the breast
- Easier to give to a lethargic baby in aid of treating hypoglycemia in a ward area

3.1.2 How to syringe feed a baby

- Wash and dry hands thoroughly as per trust guidelines.
- Use a new 1ml pre-sterilised syringe at each feed.
- Hold the baby slightly upright
- Encourage the baby to suckle on a gloved finger to encourage to suck/swallow reflex
- Gently and slowly syringe a small amount of EBM (no more than 0.2 mls) into the side of the baby's mouth between their gums and cheek.
- **Watch the baby swallow** and then gently squeeze in another 0.2 mls and repeat as necessary.
- It is important that the baby does not suck the end of the syringe nozzle as this may interfere with the breastfeeding.

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3.2 Cup feeding a baby

This method is appropriate for offering quantities of EBM or formula >5ml to a breastfed baby.

This method may be used as an alternative to a bottle, ensuring there is no interference with the newborn's innate reflex to suckle with a soft nipple at the back of the mouth rather than a hard teat on the hard palate (UNICEF, 2010). It is also important for the infant to spend time at the breast attempting to latch.

There is a risk of aspiration or choking if not undertaken correctly.

3.2.1 Advantages of cup feeding a baby

- The baby learns to coordinate their breathing and swallowing during the feed.
- Cup feeding allows the digestion of milk to start in the mouth using the lingual lipases.
- The active tongue movement required to cup feed mimics the motion needed for the baby to remove the milk from the ducts when breastfeeding.
- The baby can pace their feed, enabling them to control the flow and volume of the feed.
- Posseting is less likely during a cup feed.
- When cup feeding the baby's heart rate, respiratory rate and oxygen saturation levels are maintained. There also appears to be less risk of Broncho aspiration and apnoea compared to bottle-feeding and nasogastric feeds.
- Cup feeding may reduce the need for a nasogastric tube
- The baby needs to be held while cup feeding, promoting relationship building and stimulation rather than the passive feed via a tube.
- Cup feeding is non-invasive.
- It can increase the rate of exclusive breastfeeding at discharge.

3.2.2 How to cup feed a baby

- Wash and dry hands thoroughly as per trust guidelines
- Cup feeding should only take place following staff training by Infant Feeding lead Midwife (see in Appendix 1)
- Only specifically designed cups should be used which are pre-sterilised and once only use.
- Wrap the baby in a blanket to prevent them knocking the cup, but allowing full jaw movement.
- Ensure that baby is fully awake and alert
- Try to have the cup half full.
- The cup should be tipped to allow the milk to just touch the baby's lower lip. **Do not pour the milk into the baby's mouth.**
- The rim of the cup should be rested on the lower lip. The baby will lap the milk from the cup using its tongue.
- The cup should be left in the correct position during the feed including when the baby stops drinking.
- It is important to allow the baby to take as much as he/she wants in his/her own time.
- Wind the baby during feed if required.

As cup feeding should only be used as a short-term method of feeding. It is important to continue to help establish breastfeeding before discharge home, this includes a full Breastfeeding Assessment.

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4.0 Statement of evidence/references

Statement of evidence: The World Health Organisation (2006) recommends this method of giving breastmilk or artificial milk to an otherwise breastfed infant. As part of the Baby Friendly Initiative it is recommended that teats or dummies should be avoided to protect breastfeeding (UNICEF, 2010). A Cochrane collaboration reviewed evidence to establish the optimum method of feeding an infant who was temporarily unable to breastfeed. It was found those infants who were cup fed were more likely to be exclusively breastfeeding at discharge from hospital (Flint et al, 2007).

References:

1. Flint, A., New, K. & Davies, M. (2016) Cup Feeding Versus other forms of supplemental enteral feeding for newborn infants unable to fully breastfeed. Available from: http://www.cochrane.org/CD005092/NEONATAL_cup-feeding-versus-other-forms-of-supplemental-enteral-feeding-for-newborn-infants-unable-to-fully-breastfeed [Accessed 14 April 2020]

2. UNICEF Baby Friendly Initiative (2010) Cup Feeding Versus other Forms of Supplemental Feeding. Available from: http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Miscellaneous-illnesses/Cup-feeding-versus-other-forms-of-supplemental-enteral-feeding-for-newborn-infants-unable-to-fully-breastfeed/ [Accessed on 5th February 2016]

3. World Health Organisation (2017) Protecting, Promoting and Supporting Breastfeeding in Facilities providing maternity and newborn services. *WHO*: Geneva. [Accessed 14 April 2020].

4. UNICEF (2015) Off to the Best Start. UNICEF: United Kingdom. [Accessed 14 April 2020]

5. National Institute for Health and Care Excellence (2015) *Postnatal Care for up to 6 weeks.* Available from: https://www.nice.org.uk/guidance/cg37/chapter/1-recommendations#infant-feeding. [Accessed 14 April 2020].

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5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
2.0	06/2020	Michelle Hancock	Full document review and update
1.0	04/2016	Ros McFadden	New document

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Julie Cooper	Head of Midwifery	09/06/2020	17/06/2020	Various	Yes
Natalie Lucas	Audit Midwife	17/06/2020	17/06/2020		Yes
Marian Forster	NNU Practice Educator	17/06/2020	17/06/2020	Various	Yes

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Completion of competency tool (appendix 1)	Competency tool	Michelle Hancock	Yearly	Mat/Neo quality board

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women's and Children's Health	Department	Maternity
Person completing the EqIA	Michelle Hancock	Contact No.	
Others involved:		Date of assessment:	06/2020
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?	Yes		
If staff, how many/which groups will be affected?	*All staff working*		

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Protected characteristic	Any impact?	Comments
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

What consultation method(s) have you carried out?			
For example: focus groups, face-to-face meetings, PRG, etc			
How are the changes/amendments to the policies/services communicated?			
For example: email, meetings, intranet post, etc			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA			

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Appendix 1: Cup/Syringe Feeding Staff Competence Form

Name of Staff:	Observer/ Trainer: (Print and Sign)	Date:
Observation 1		
Observation 2		
Practice 1		
Practice 2		
Practice 3		

<u>Trainee</u>

I agree that I feel confident in Cup/Syringe Feeding.

Print, ………………………………………………………………………..

Sign and Date…………………………………………………………….

<u>Trainer</u>

I am happy that this member of staff competent in Cup/Syringe Feeding.

Print…………………………………………………………………….

Sign, Date………………………………………………………………….