



Crumlin | Temple Street | Tallaght | Connolly

CHI NURSING PRACTICE GUIDELINE ON BOTTLE FEEDING AN INFANT

Area of use:	All of organisation <input checked="" type="checkbox"/>	CHI at Connolly <input type="checkbox"/>	CHI at Crumlin <input type="checkbox"/>
	CHI at Herberton <input type="checkbox"/>	CHI at Tallaght <input type="checkbox"/>	CHI at Temple Street <input type="checkbox"/>
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1.0 Guideline statement

Not all mothers will choose to or be able to breastfeed their infants due to medical or practical reasons (Wong 2019). In this case bottle feeding is an alternative method for ensuring adequate nutritional intake (Wong 2019). Bottle feeding is a means of providing nutrition to an infant in a safe and appropriate manner.

2.0 Scope of the guideline

2.1 Employees: All full-time, part-time and fixed term employees employed by Children's Health Ireland who are involved in infant care.

2.2 Agents: Agents may be employees of suppliers, volunteers, students on placement or any other individuals associated with Children's Health Ireland.

3.0 Objective

To ensure an infant receives formula which is specific for them in a manner that prevents harm to the infant.

Advantages of Bottle Feeding:

- May sleep longer between feeds
- Others can be involved in feeding
- Enables a strong bond between infant and parent/carer
- Formula has added vitamin K

Disadvantages of Bottle Feeding:

- Increased chance of developing illness e.g. diarrhoea, chest/ear infections
- Risk of making formula up incorrectly- making it too weak, strong or too hot
- Increased workload in washing and sterilizing bottles and preparing feeds
- Expensive

4.0 Procedure

	ACTION	RATIONALE & REFERENCE
1	Explain the procedure to the parents, involve parents when present	Providing explanations and reassurance can reduce stress and anxiety whilst encouraging bonding (Macqueen <i>et al</i> 2012)
2	Prior to feeding ensure that the infant's nose is clear of secretions and the nappy is clean and dry. Record observations, PEWs, medications and weight checks prior to feeding as required.	The infant is less likely to feed well with a blocked nose due to secretions or in a wet/dirty nappy (Wong 2019). Minimal handling after the feed reduces the risk of vomiting or regurgitation.
3	Decontaminate hands thoroughly and put on a disposable apron	To prevent cross infection (local Infection Control guidelines)
4	Check label on the bottle of formula to ensure type of feed, volume of feed, expiry date and time and infant's details are correct. Two staff members double check if giving Expressed Breast Milk as per Expressing Guidelines- ensure this is documented in the HCR.	To prevent errors occurring (Wong 2019)
5	Place the bottle in a container of warm water or a bottle warmer for formula or warming device for Expressed Breast Milk and heat to desired temperature. Ensure the water does not reach the neck of the bottle.	Do not use a microwave to warm feeds Microwaves can cause hotspots in the formula and the formula can continue to heat up after it has been taken from the microwave leading to a risk of burns in the infant's mouth. (Safe Food 2021)
6	When the bottle feels warm enough, remove the bottle from the bottle warmer, switch the warmer off and empty water out of it	To prevent: burns, fire hazard and prevent transmission of infection (Local safety and infection prevention and control guidance)
7	Apply the disposable teat and test the temperature of the milk by squirting a small amount onto the underside of the forearm. Wash immediately once desired temperature is achieved.	Clarify with the infant's parents/guardians re the preferred temperature of the bottle for the infant.
8	Place a bib around the infant's neck	This will protect his/her clothing

9	Sit in a chair, placing the infant into the crook of the arm unless other position has been suggested by Speech and Language. Ensure the infant is well supported for feeding with his/her head above his/her stomach. Check to ensure the position required for feeding.	This reduces the risk of accidental aspiration of stomach contents. An infant should never be bottle fed while lying flat or by propping the bottle on a cushion/pillow as there is an increased risk of vomiting
10	Offer the bottle by placing it gently to the lips; don't force the teat into the infant's mouth. Gently stroke the infant's cheek or under the chin to stimulate the sucking reflex. When the infant opens his/her mouth, insert the teat on top of the tongue.	Oral mucosa damage could occur if force is used.
11	Hold the bottle at a sufficiently steep angle to keep the teat filled with milk	This prevents the infant from sucking in too much air which can cause pain, discomfort and vomiting (Wong 2019)
12	Remove the bottle from the infant's mouth mid-feed and as necessary to wind the infant. Support the infant's head if they are unable to do so themselves. Gently rub/pat the infant's back or place the infant onto the shoulder to help bring up his/her wind	Winding the infant helps to bring up any air swallowed during feeding and reduces the likelihood of vomiting (NHS 2015, Wong 2019)
13	Cover the teat with the teat cover when winding	To prevent contamination
14	Recommence feeding	
15	Feeding time can promote bonding and will provide stimulation through physical and eye contact	Holding the infant close to the body while cuddling them helps to ensure the emotional component of feeding (Wong 2019)
16	When the feed is complete, wind the infant again and then place the infant into the cot on his/her back or into a suitable seat	Placing an infant to sleep in the supine position is recommended to reduce the incidence of SIDS (National Paediatric Mortality Register, Health Service Executive 2012)
17	Decontaminate hands thoroughly and remove apron prior to leaving the cubicle	To prevent cross infection (As per local Infection Control Guidelines).

18	Document the type and volume of feed taken, how the infant fed and any vomits or possets	Good clinical records are essential to provide documentary evidence of the delivery of quality patient care (NMBI 2015, National Hospitals Office 2010)
19	Tidy equipment away, discard disposable teat and rinse bottle in hot soapy water and place in tray for return to the formula room. Lids and teats are disposed of in the household waste unless contraindicated and place bottle labels into the appropriate confidential waste bin	To clean the bottle prior to decontamination in the formula room (Infection Control Department 2012) To dispose of waste appropriately (As per local guidelines)
20	Discard excess formula in sluice and flush	To prevent possible <i>Pseudomonas aeruginosa</i> contamination of sinks (The Regulation and Quality Improvement Authority 2012)

NOTE: Discard all unused formula 2 hours after preparation or removal from formula fridge (Safe Food 2011)

5.0 Monitoring and/or Audit

This PPPG will be reviewed and updated at least every three years by the document author/owner, or earlier if required due to updated guidance, evidence or legislation. Compliance with key principles or procedures described within this PPPG should be audited on an annual basis.

6.0 Key stakeholders

The following key stakeholders were involved in developing and/or reviewing this document:

Name	Title	Department
Amanda Scott	Clinical placement Coordinator	CHI at Crumlin Crumlin
Caitriona Dennehy	NPDC	CHI at Tallaght
Caroline O Connor	NPDC	CHI at Temple Street
Fionnuala O Neill	NPDC	CHI at Crumlin
Eilish Clarke	Clinical Nurse Education Facilitator	CHI at Temple street
Siobhan O' Connor	NPDC	CHI at Tallaght

7.0 Communication and training

All approved PPPGs will be available on the Qpulse system- not on the Crumlin site. Heads of Department and Line Managers must ensure that their staff are aware of all PPGs relevant to their role and have access to same. Where required, training should be provided on the contents of this PPPG.

8.0 References

Children's Health Ireland at Crumlin (2020) *SOP on Kangaroo Care*. Accessed on June 30th 2021
<https://www.olchc.ie/Healthcare-Professionals/Nursing-Practice-Guidelines/Neonatology-Kangaroo-Care-SOP-December-2020.pdf>

Children's Health Ireland at Crumlin (2020) *Safe Sleep Practices in the Acute hospital Setting*, CHI, Crumlin.
<https://www.olchc.ie/Healthcare-Professionals/Nursing-Practice-Guidelines/Safe-Sleep-Practices-inthe-Acute-Hospital-2020.pdf>

Nursing and Midwifery Board of Ireland (2015) *Recording Clinical Practice*. Guidance to Nurses and Midwives. NMBI, Dublin

FDA (2014) *Food Safety for Moms to Be: Once Baby Arrives*. Available from www.fda.gov/food/resourcesforyou/HealthEducators. (Accessed 6th October 2015) Internet

Hockenberry MJ and Wilson D (2019) *Wong's Nursing Care of Infants and Children*, 11th edn. Mosby, St Louis

Children's Health Ireland at Crumlin Infection Prevention and Control Guidelines

Infection Control Department (2018) *Guideline on Cleaning and Disinfection*, Dublin 12

Infection Control Department (2018) *Maintaining and Cleaning Bottle Warmers*. OLCHC, Dublin 12

Infection Control Department (2019) *Hand Hygiene Guideline*., Dublin 12

OLCHC (2013) *Guidelines for OLCHC staff caring for mothers expressing breast milk in OLCHC*. OLCHC, Dublin 12

OLCHC (2014) *Waste Management Policy*. OLCHC, Dublin 12

Safe Food (2011) *Bottle Feeding*. Available from <https://www.safefood.net/getattachment/0795275a-e9bf-4301-b242-da76c05cb87b/1448-Safefood-Baby-Bottle-Leaflet-Digital.pdf?lang=en-IE> accessed 17th June 2021 Internet.

The Regulation and Quality Improvement Authority (2012) *Independent Review of Incidents of Pseudomonas aeruginosa Infection in Neonatal Units in Northern Ireland*. Available from http://www.rqia.org.uk/publications/rqia_reviews.cfm. (Accessed 6th October 2015) Internet

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