

Your Choice of Feeding Method

This leaflet explains about feeding methods. If you have any further questions, please speak to a staff member caring for you and your baby.

Breastfeeding has many benefits for both baby and Mum. Benefits are particularly important in premature infants. Breastfeeding should always be considered as the first choice to feed baby and as a Trust we fully support breastfeeding. How to feed baby is a mother's personal choice and if a mother chooses to bottle feed, she too will receive support in how to make up bottles safely and correctly and choose the best bottle to suit her baby's needs. There are many brands available to buy in the shops which all suggest different reasons why that bottle and teat are best for feeding baby. Information can be confusing. The main considerations that you need to make are about teat flow rate and nipple shape.

Teat flow rate

This is the rate / speed at which the milk flows out of the bottle and into baby's mouth when baby is sucking. Bottles are normally marketed using levels (a level 1, 2 or 3 teat), by age (0-3 months or newborn, 3-6 months, 6-12 months, 12+ months) or by descriptive words like 'slow flow', 'medium flow' and 'fast flow'.

When feeding, a baby needs to learn how to suck, swallow the milk and then take a breath of air. This happens continuously in a delicate sequence. If the milk is flowing too quickly then there is a chance baby might choke or splutter. You might also see that baby is spitting a lot of the milk out of the corner of their mouth because too much is coming into their mouth to safely swallow. A healthy new born baby might cope with a flow rate of between 5ml to 15ml per minute. A baby who was born early or who was born sick might need a little more help. A slower flow rate for these babies is suggested.

The information in the table is to guide you to better understand the flow rate of different bottles, which might help you to choose the right bottle for your baby.

Flow rates of commercially available bottles

Bottle and teat name	Flow rate (mls per minute)
Tomme Tippee level 1	8
Tomme Tippee level 2	13
MAM level 0	5
MAM level 1	7

MAM level 2	10
Dr Brown premature	5
Dr Brown newborn	9
Dr Brown level 1	9
NUBY natural touch slow flow	6
NUK First choice latex medium feed hole	26
NUK First choice silicone medium feed hole	31
AVENT Level 1 (newborn)	7
AVENT Level 2 (slow)	10

Nipple shape

Many brands claim to have a specific shaped teat that helps baby to latch easier or mimics the shape of the breast or nipple to make feeding 'more like breast feeding'. There is no research to back up these claims.

Most babies will accept any shape teat from birth because they are not born with a preference to the shape of a teat. However, premature infants may prefer narrow neck teats as they are smaller and baby can fit the teat in the mouth better.

The most important aspect to consider is flow rate. When breast feeding, baby must suck to get milk. A bottle from which baby must suck to get milk, instead of milk just flowing into their mouth, might make swapping between breast and bottle feeding easier for baby.

Key points

When a baby is bottle fed they are not in control of how fast the milk flows into their mouths.

If milk flow is too fast, baby can choke or find bottle feeding unpleasant and might become stressed at feeding times.

A baby who was born prematurely or was ill at birth will need more support to bottle feed and a slower flow teat can offer this support.

How you position baby for a bottle feed can also help support them. Ask your nurse or Speech Therapist about this.

It does not matter what name the teat has i.e. - level 1, slow flow, premature teat. What matters is how baby manages the flow rate. Use the table to choose the slowest flow teat needed.

Useful sources of information

[Bottle feeding leaflet \(unicef.org.uk\)](http://unicef.org.uk)

[Infant formula and responsive bottle feeding \(unicef.org.uk\)](http://unicef.org.uk)

Contact us

If you have any questions or concerns about your babies feeding or need to discuss their method of feeding, please let your nurse know and they can get in contact with Speech and Language Therapy. We work on the neonatal unit Monday to Friday, 8:30am to 4:40pm.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk).

The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: THE_CFM_01 **Published:** March 2024 **Review date:** March 2026