Royal Cornwall Hospitals
NHS Trust

Alternative Methods of Giving Breast Milk or Formula Milk to Babies Above 37 Weeks Gestation Clinical Guideline

V4.0

October 2025

1. Aim/Purpose of this Guideline

1.1. This guideline applies to all health professionals caring for babies born at or after 37 weeks gestation who may need more help to start feeding effectively and are under maternity led care.

1.2. This version supersedes any previous versions of this document.

1.3. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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2. The Guidance

2.1. Best practice guidance encourages the baby to feed soon after birth, helped by uninterrupted skin to skin contact for at least 1 hr or until after the first feed. Most babies will seek to feed effectively within the first 1-2 hours of life, but some babies may be slightly more reluctant for example, due to the effects of maternal analgesia or a long labour. Some babies may feed well initially but then not actively seek a further feed for many hours.

2.2. If the baby has not had their first feed within 4 hours or the second feed within 6 hours of the first feed, **THINK POSSIBLE SEPSIS**, and consider following 'Reluctance to Feed management in Babies born at or Over 37 weeks Gestation clinical guideline.

2.3. **Giving milk via alternative methods:**

2.3.1. **Feeding parents or primary carers giving feeds by alternative methods stated in this guidance.**

It is appropriate to teach feeding parents or primary carers to feed their baby with alternative methods, however, they should be observed doing so, and if there are any factors which raise concerns on their ability to do so safely, they should receive further support to improve their techniques. It is appropriate to recommend a feeding parent ceases these feeding methods **if the clinical / midwifery team assess that they are unable to feed their baby safely using alternative methods.**

2.3.2. **Staff members.**

Staff members assisting alternative methods of feeding should wear appropriate personal protective equipment in the form of non-sterile gloves, particularly if they are likely to insert their finger into baby's mouth.

2.3.3. **Storage of milk.**

Storage of expressed breastmilk and supplementary formula should be carried out as detailed in the Infant Feeding Policy.

2.3.4. All methods need to be carefully explained and consented to by feeding parents/primary carers.

2.3.5. Assist the feeding parent to identify baby's feeding cues. Early Feeding cues indicate a state of light sleep and the beginning of feeding readiness when babies are more likely to latch on and suck. Cues include rapid eye movements under the eyelids, mouth and tongue movements, body movements and sounds, sucking on a fist. Crying is a late stage of indicating that the feeding cues have been missed.

2.4. **Finger feed in skin contact.**

2.4.1. Ensure the mother/feeding parent has clean hands and short nails (offer disposable sterile scissors if necessary to trim nails).

2.4.2. Encourage the breastfeeding parent to prime the breast ready to transfer droplets of expressed colostrum by finger to baby's mouth. Recommend use of little finger, pad uppermost in baby's mouth. Assist the formula feeding parent to do the same with their choice of milk.

2.4.3. Allow baby time to suckle before repeating this action. Keep going, encourage feeding parent to switch sides for about 20 minutes or until the baby is rooting keenly and looking to feed.

2.4.4. Encourage the parent to maintain eye contact with the baby, smile at and talk to him while feeding.

2.4.5. It is important that parents do not see this method of feeding as a long-term solution to feeding problems, but it can be a very effective short-term method to encourage effective suckling.

2.4.6. All alternative methods of feeding need to be documented contemporaneously, and a daily summary added to Euroking in order to facilitate ongoing effective support.

2.5. **Finger-with-syringe feeding in close contact.**

This supports breastfeeding and transitioning to oral feeding for babies who are showing signs that they are ready to actively feed from 37 weeks gestation. This does not apply to babies born prior to 37 weeks, those who have required neonatal care, or are needing ongoing transitional care, or with birth weight <2.5kg. It also acts as an onward method from syringe feeding (see below) Discuss method with feeding parents. Trained staff should teach and supervise the feeding parent to feed their own baby via this method for consistency, and until they are confident to do independently. The main advantage of this method is that the speed at which the milk is taken by the baby can be carefully controlled so that the baby can suck and swallow safely and the baby can be given small amounts quite slowly up to a maximum of 20mls four times in 24 hours.

2.5.1. The baby should be held in mother's arms slightly upright, not flat, with a pillow to support if needed.

2.5.2. Draw up the milk in a 3ml or 5ml oral syringe.

2.5.3. Allow baby to gently take clean feeding finger, pad uppermost into mouth.

2.5.4. Support is required for milk to then be gently delivered to baby while actively sucking on finger. It may help to practice pushing milk out of the syringe first, to see how much pressure is needed to give 0.1-0.2ml at a time, responding to baby's suck and swallow rhythm.

2.5.5. Encourage the parent to maintain eye contact with the baby, smile at and talk to him while feeding.

2.5.6. It is important that parents do not see this method of feeding as a long-term solution to feeding problems, but it can be a very effective short-term method to encourage effective suckling.

2.5.7. All alternative methods of feeding need to be documented contemporaneously, and a daily summary added to Euroking in order to facilitate ongoing effective support. Information regarding consent, information sharing, skills taught, volumes given and method used should be included.

2.6. **Syringe feeding.**

The advantage of this method is that when a baby is reluctant to suck, the taste of milk can encourage baby to begin to suck and swallow, taking steps towards initiation of a feed.

2.6.1. To syringe feed safely, the baby should be held in mother's arms slightly upright, not flat, with a pillow to support if needed.

2.6.2. Draw up the milk in a 3ml syringe. Encourage the mother to hold the syringe in her dominant hand, between index and middle fingers, thumb on plunger. It may help for her to practice pushing milk out first, to see how much pressure is needed to give 0.1-0.2ml at a time.

2.6.3. Gently put the tip of the syringe between the gum and cheek and squirt in a few droplets of colostrum, no more than 0.1-0.2ml at a time.

2.6.4. Allow the baby time to taste and enjoy the milk. Allow time to swallow and then give a little more. Move onto finger-and-syringe feeding once you have more than 5ml to give.

2.6.5. Encourage the parent to maintain eye contact with the baby, smile at and talk to him while feeding.

2.6.6. It is important that parents do not see this method of feeding as a long-term solution to feeding problems, but it can be a very effective short-term method to encourage effective suckling.

2.6.7. All alternative methods of feeding need to be documented contemporaneously, and a daily summary added to Euroking in order to facilitate ongoing effective support. Information regarding consent, information sharing, skills taught, volumes given and method used should be included.

2.7. **Cup feeding.**

This is a method recommended only for initiation of use by Infant Feeding Team staff members. This method is sometimes appropriate if a baby is awake and keen to feed but the mother is not available/able to breastfeed e.g. her nipples are too painful to feed due to positioning and attachment difficulties, or she has to express and discard her milk for 24hrs following a radiological diagnostic test. It is not appropriate if there is only a very small amount of milk, e.g. under 10ml, as this would be difficult to cup feed safely.

2.8. **Tube feeding.**

Placing of a nasogastric tube and giving the expressed milk or formula by this method is the most appropriate solution if the baby is consistently too sleepy to feed, is repeatedly requiring full feed volumes because it is not feeding effectively. Follow clinical guideline: Nasogastric and Orogastric Tube management on Neonatal Unit and transitional care.

2.9. **Bottle feeding.**

Parents making the decision to feed their baby using this method should be made aware of the possible impact that bottle feeding may have on establishing breastfeeding, if breastfeeding is a primary goal of the feeding parent. Following an informed decision, the following guidance is as follows:

2.9.1. Encourage limiting the number of people who feed baby to just 1 or 2 most of the time, to help parents/carers and baby get to know each other.

2.9.2. Help parents/carers adjust feeding position of baby if appropriate, so that baby is held close and parents/carers can maintain good eye contact throughout feed.

2.9.3. Encourage tempting baby by touching the teat onto top lip or near nose to encourage baby to gape his/her mouth open, enabling teat and milk to be introduced to baby when baby is ready for the feed.

2.9.4. Ensure that baby is able to tilt his/her head back so that swallowing is easier and less milk is spilled during feeds.

2.9.5. Help parents/carers adjust angle of bottle if appropriate, so that teat is aimed towards back of roof of baby's mouth, not into floor of baby's mouth.

2.9.6. Explain the importance of responsive feeding as a technique and its developmental implications.

2.9.7. Ensure and explain use of milk suitable from birth for all babies up to 1 year old, unless there is a medical reason for changing to a more specialised formula.

2.9.8. Encourage pacing of feed, removing teat if baby seems uncomfortable or less hungry, giving baby opportunity to pause, rest and bring up wind during and after feed.

2.9.9. Reassure parents/carers that babies will want more at some feeds and less at others and will sometimes go for longer or for shorter periods between feeds.

2.9.10. Encourage offering feed with baby in opposite arm sometimes, so baby is used to turning and looking up at parents' or carers' faces from both sides.

2.9.11. Encourage skin to skin during and between feeds, to help settle baby and to build confidence and enjoyment in parenting relationship.

2.9.12. Discuss and demonstrate sterilising of feeding equipment and preparation of feeds, both at home and outside of home, to reduce risk of infection as much as possible.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Acknowledgment of use of this Guideline in the notes. Plan of care made to promote and protect breastfeeding where breastfeeding is the primary goal. Clear documentation of alternative methods used by staff to support feeding parents towards effective feeding. Documented mother's informed consent - if the baby received any

Information Category	Detail of process and methodology for monitoring compliance
	formula supplements.
Lead	Infant Feeding Coordinator.
Tool	The tool used will be the United Nations International Children's Emergency Fund (UNICEF) supplementation audit tool and draw data from medical notes and Euroking documentation.
Frequency	Yearly.
Reporting arrangements	A report will be completed by the Infant Feeding coordinator, shared with the Infant Feeding Steering Group, and a summary sent to all members of the midwifery team. Maternity Audit Review Team meeting. During the process of the audit if compliance is below 80% or other deficiencies identified, this will be highlighted at the next Maternity Forum and an action plan agreed.
Acting on recommendations and Lead(s)	Any deficiencies identified on the audit will be discussed at the Infant Feeding Steering Group and an action plan developed. Action leads will be identified and a time frame for the action to be completed by the Infant Feeding Coordinator, working with the Postnatal Ward Manager.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. If the supplementation rate is found to be above 10% of those interviewed, training and updating of staff will be reviewed within the following 3 months.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Alternative Methods of Giving Breast Milk or Formula Milk to Babies Above 37 Weeks Clinical Guideline V4.0
This document replaces (exact title of previous version):	Alternative Methods of Giving Breast Milk or Formula Milk to Babies Above 37 Weeks Clinical Guideline V3.0
Date Issued/Approved:	October 2025
Date Valid From:	October 2025
Date Valid To:	October 2028
Directorate/Department responsible (author/owner):	Katie Hicks; Infant Feeding Coordinator
Contact details:	01872 253180
Brief summary of contents:	This guideline applies to all health professionals caring for healthy babies born at or after 37 weeks gestation who may require expressed breast milk, or occasionally formula, to be given by a method other than by direct breastfeeding. Management of these babies includes promoting and protecting breastfeeding and aims to detect and prevent any deterioration in the baby's condition.
Suggested Keywords:	Breastfeeding, breast milk, alternative, formula, expressing, breast, newborn, supplementation, colostrum, skin, feeding.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Neonatal Audit and Guidelines group
Manager confirming approval processes:	Caroline Chappell

Information Category	Detailed Information
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	UNICEF – Baby Friendly Initiative as recommended in maternity services commissioning
Related Documents:	NICE QS 37 2015 Postnatal care. DeCarvalho M.D. et al (1983) Effect of frequent breastfeeding on early milk production and infant weight gain Pediatrics 72: 307-11. Ingram J., Johnson D., Greenwood R. (2002) Breastfeeding in Bristol: teaching good positioning and support from fathers and families. Midwifery 18(2): 87-101. Mayo E. (2004) Breastfeeding is natural… isn't it? New Digest 26 April 2004: 14-15. Newman J, Kernerman E (2009) Finger and cup feeding KellyMom.com. Flint A, New K, Davies MW (2007) Cup feeding versus other forms of supplemental enteral feeding for newborn infants unable to breastfeed. Cochrane Database of systematic reviews, Issue 2. Art. No.:CD005092.DOI:10.1002/14651858.CDO05092.pub2.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Newborn Care

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
September 2019	V1.0	Initial version.	Helen Shanahan, Infant Feeding Co-ordinator.

Date	Version Number	Summary of Changes	Changes Made by
July 2019	V2.0	Full review. Section 2.11 re. contemporaneous documentation and information to be added to Euroking. Links to external standards, references and training needs identified.	Helen Shanahan and Janey Ashton, Infant Feeding Co-ordinators.
November 2019	V2.1	Addition re storage of breast milk in line with NNU due to change in gestation of babies admitted to Postnatal Ward.	Helen Shanahan and Janey Ashton, Infant Feeding Co-ordinators. Helen Greenhill, NNU Matron.
February 2020	V2.2	Change “term” to babies over 37 weeks gestation. Add 1.4 paragraph, 2.3, 2.4, 2.5, 2.6.5, 2.6.6, 2.6.7, 2.6.8, 2.9 paragraph, 2.9.6.	Helen Shanahan and Janey Ashton, Infant Feeding Co-ordinators.
July 2021	V2.3	Inclusive language updated throughout. 2.6 Syringe Feeding information updated.	Janey Ashton, Infant Feeding Co-Ordinator.
June 2022	V3.0	Updating to formatting. Updated document title. Section 1.1 updated to indicate guidance relates to babies under midwifery led care. Section 2.5 updated to indicate transition to oral feeds for babies over 37 weeks who are showing signs they are ready for active feeding. Governance sections of the document been updated to show new approval pathway for the document. Guidance at 2.4.6 and 2.5.7 removed, regarding documenting on expressing review form.	Janey Ashton, Infant Feeding Co-Ordinator.
October 2025	V4.0	Full review, no update to guidance. Reporting arrangements and document author updated.	Katie Hicks; Infant Feeding Coordinator.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Alternative Methods of Giving Breast Milk or Formula Milk to Babies Above 37 Weeks Gestation Clinical Guideline V4.0
Directorate and service area:	Neonatal
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Neonatal Audit and Guidelines Group
Contact details:	01872 253180

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This guideline applies to all health professionals caring for healthy babies born at or after 37 weeks gestation who may require expressed breastmilk, or occasionally formula, to be given by a method other than by direct breastfeeding. Management of these babies includes promoting and protecting breastfeeding and aims to detect and prevent any deterioration in the baby's condition.
2. Policy Objectives	Safe, evidence-based management of healthy babies born at or after 37 weeks gestation who need milk supplements.
3. Policy Intended Outcomes	Promotion and protection of breastfeeding, reduction in numbers of women who stop breastfeeding within the first week.
4. How will you measure each outcome?	UNICEF audit tool.
5. Who is intended to benefit from the policy?	Families with babies born at or after 37 weeks gestation.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Neonatal Audit and Guidelines Group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/ carer/ patient's needs- i.e. available in different languages if required/access to an interpreter if required

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/ carer/ patients with any identified additional needs will be referred for additional support as appropriate- i.e. to the Liaison Team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g. easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat and should respond accordingly.
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Neonatal Audit and Guidelines Group.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis.