

CHAPTER
5

SUCCESSFUL FEEDING BY BOTTLE OR BREAST

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Most parents have an image of their baby being like the “Gerber baby”: a full-term, well-nourished happy baby who readily latches onto the bottle or the breast, breathes appropriately, and eats calmly and without any problems. However, the reality of a premature delivery; unanticipated genetic syndromes or craniofacial anomalies; complications of birth; or difficulty with feedings—such as slow feedings, arching, crying, and throwing up what was painstakingly fed over the last hour—can be very real and very discouraging to parents.

In this chapter we will take a look at the feeding patterns of an infant who feeds by bottle or breast. Evaluation and interventions for feeding difficulties involve more than just the mechanics of sucking and volume of intake. Assessing issues such as the infant’s willingness and energy to participate, strength for feeding, respiratory sufficiency, and coordination of the suck-swallow-breathe triad will allow the clinician to create an appropriate plan of care for each infant. In addition, the use of critical thinking skills to determine why certain strategies should be implemented is encouraged.

The topics in this chapter will provide background for understanding typical and atypical feeding experiences in the infant, evaluating the child with feeding difficulties, and planning intervention procedures. These topics are approached from a developmental and holistic perspective. Most of the information is relevant to all feeding, whether by bottle or breast. However, when there is a specific difference, the text delineates the discussion by breast or bottle feedings. The following includes some of what you will encounter:

- background on typical and atypical feeding behavior
- assessment of the suck-swallow-breathe cycle
- impact of positioning on feeding
- assessment of the safety of the swallow
- evaluation of your patient’s swallowing and feeding patterns (includes a reproducible evaluation form)
- therapeutic interventions for common feeding issues
- discussions about breastfeeding
- selection of an appropriate bottle system

Throughout the chapter the term *nipple* is used. Unless otherwise specified, this term refers to either a bottle nipple or a breast nipple. In addition, *nutritive sucking (NS)* is defined as the action of extracting liquid from a nipple, whereas *non-nutritive sucking (NNS)* refers to sucking on a nipple without the expectation of liquid extraction.

WHAT IS A “TYPICAL” FEEDING EXPERIENCE?

As we get ready to look at all the different components of feeding, it is important to recognize what is considered a “normal” feeding routine for a typically developing, full-term infant. By understanding what typical infants do and do not do when feeding, it is easier to recognize when things are not going well. Then the feeding specialist can make an assessment and set realistic goals for the patients and their families.

Anticipation of Feeding

The “Gerber baby image” was mentioned earlier. It comes from the old advertising campaign for Gerber® products showing a robust, bright-eyed infant who is alert and ready to eat. And this is true for most infants—they arouse themselves every 2 to 4 hours because they are hungry. In fact, they are communicating with their caregivers their desire to feed again. Although not every infant will be wide awake for every feeding, a typical infant will be awake and engaged in the feeding experience for a majority of feedings.

As the typical infant communicates the desire to feed, you will notice the infant begins to root around, looking for the nipple. This is called the *rooting reflex*, and it is elicited when a stimulus (a finger, a nipple, a piece of clothing) strokes the infant’s cheek. A strong rooting reflex has three components:

- head turning toward the stimulus
- open-mouth posture with wide jaw excursion
- tongue position low in the mouth in preparation to accept the stimulus into the oral cavity



Figure 5.1: Infant rooting to her hand

This rooting reflex shows the infant’s anticipation of and readiness for feeding and precipitates a smooth, quick latch onto the nipple. Observe the infant in Figure 5.1, who is rooting to her own hand.

It is also important to recognize that the caregiver anticipates the infant’s need to feed. For the most part, the caregivers do not dread the feeding activities and are also ready to engage in the feeding experience in a positive way.

Essential Components for Successful Feeding

Although many experienced parents will feed a typical infant without much thought, the act of feeding is quite complex. A typical infant is adaptable to various feeders, techniques, and differences in positioning and does not demonstrate aversion, fear, stress, or anxiety related to feeding.