

## Baby-Led Bottle-Feeding (Paced Bottle-Feeding)

1. Use a bottle with a soft silicone nipple, slow-flow and a straight, not crooked bottle. A standard, reusable bottle with small diameter collar generally works better. A soft longer silicone nipple is preferred. Dr. Brown's 4 oz with standard (not wide-mouth) with a number 1 or Preemie nipple is a good choice. The valve in the Dr. Brown's bottle encourages baby to suck and not remove milk by compression
2. Put baby on her side in a flexed position, propped with her head higher than her bottom. Her neck should be naturally curved with the chin sticking out a little. Her head should be lined up with her body, not turned to one side or the other. If your baby is older, you can sit baby upright on your lap, supporting her head behind the neck with one hand. Don't put her in the crook of your arm or on your forearm – this may lean her back too far, causing the milk to come out of the bottle more quickly when she is not sucking. Remember, **baby's back should be rounded, not arched, hips flexed and chin forward in either position.**
3. Tilt the bottle so milk is NOT in the nipple at first. This will not cause baby to swallow air, but instead get her used to sucking a few sucks without milk, like breastfeeding. Use the nipple of the bottle to tease the baby's lips, stroking from the top lip to the bottom, trying to get her to stick the tongue out over the bottom lip and open very wide. **Stroke down gently from the center of the top lip to the center of the bottom lip.** When she starts to get the tongue out, let her take it in all the way to the back of her tongue. Baby's tongue should cover her gums to encourage her to suck, not bite the bottle. Her lips should flange out, touching the nipple collar. If she doesn't take the nipple in very far, gently twist and work it back further onto her tongue until her lips touch the collar. If she gags, take the bottle out and start over. The tip of the nipple should rest on the back of baby's tongue (like the breast nipple during breastfeeding) and not the front of her mouth. If baby does not close mouth and cup tongue around the nipple, try supporting her chin with a finger and pressing upward. **Do not tip the bottle up and completely fill the nipple as this will cause milk to flow too quickly. Air in the nipple will not cause gassiness!** Babies swallow air when milk is flowing too quickly and they attempt to breathe and swallow at the same time.



Note: Baby's head is higher than her bottom.

4. If you hold baby in sitting position, you can cross your legs or put one foot up on a stool to allow your leg to help support baby's back. Hold the bottle as level as possible, just allowing milk to come into the nipple. This puts baby in charge and encourages her to use her tongue correctly.



5. After 30 seconds or so of swallowing, tilt the bottle back so milk is not in the nipple. Allow baby to rest and catch her breath. As baby begins to empty the bottle, you can lean her head back slightly, but no more than 45 degrees. On her side, you can turn her slightly upward to keep milk in the bottle nipple tip.
6. If your baby is using the side position, you may find she is more efficient on one side than the other. If that is true, use the best position for majority of feeding but finish on the other side. You may also try lying on your back with her lying across your chest.



7. Watch for swallowing (slight pause in the open-close motion of sucking). **Help her to pace herself by removing the bottle if she seems to be pushing it with her tongue, does not pause to breathe, milk is spilling out of her mouth or she needs to burp.** It should take her 15-20 minutes to finish a bottle.
8. Offer the breast after feeding for comfort-nursing if she is willing. This will help improve digestion.