

Finger and Cup Feeding

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Finger Feeding

Finger feeding is a technique the main purpose of which is to prepare the baby to take the breast when the baby is reluctant or refuses to latch on. See the information sheet *The Baby Who Does Not Yet Latch*. Though finger feeding can be used to feed a baby and thus avoid artificial nipples, this is not what it is meant to do really. Furthermore, if the baby is actually taking the breast (latching on) and requires supplementation, this supplementation should be given with a lactation aid **at the breast not by finger feeding**. See the information sheet Lactation Aid and the video clips. Too often finger feeding is used to feed the baby when a mother has sore nipples and the baby is taken off the breast. This is seen as not interfering with breastfeeding while, at the same time, the “nipples are given a rest”. Taking a baby off the breast for any reason, including sore nipples, should be a last resort only. See the information sheets When Latching, Sore Nipples, APNO (“all purpose nipple ointment”), Candida Protocol, Gentian Violet, Fluconazole and video clips showing how to latch a baby on.

Finger feeding may be used if:

1. The baby refuses the breast for whatever reason, or if the baby is too sleepy at the breast to breastfeed well. It is also a very good way to wake up a sleepy baby during the first few days of life and there are concerns about intake.
2. The baby does not seem to be able to latch on to the breast properly, and thus does not get milk well. (However, if the baby is latching on, even not well, then it is better to use a lactation aid at the breast to give extra milk).
3. The baby is separated from the mother, for whatever reason. However, in such a situation, a cup is probably a better method of feeding the baby. Since finger feeding should be used primarily to help a baby take the breast when he is reluctant or temporarily unable, the best technique is not finger feeding if the mother is not present to breastfeed him.
4. Breastfeeding is stopped temporarily (there are very few legitimate reasons to stop breastfeeding. See the information sheets Medication and Breastfeeding and Illness and Breastfeeding).
5. Your nipples are so sore that you cannot put the baby to the breast. Finger feeding for several days may allow your nipples to heal without causing more problems by getting the baby used to an artificial nipple. However, see the first paragraph about taking the baby off the breast. Cup feeding is also more appropriate in this situation and takes less time. Taking a baby off the breast should be a last resort only but too often is done as a first resort. Proper positioning and a good latch help sore nipples far more than finger feeding (see the information sheet Sore Nipples). And a good “all purpose nipple ointment” will help as well. This so called “nipple holiday” is not advisable and if suggested within the first few days of life may be a terrible mistake. Taking the baby off the breast does not always result in painless feedings once you start again and sometimes the baby will refuse to latch on.

Finger feeding is much more similar to breastfeeding than is bottle feeding. In order to finger feed, the baby must keep his tongue down and forward over the gums, his mouth wide (the larger the finger used, the better so using a baby finger to do finger feeding is not a good idea), and his jaw forward. Furthermore, the motion of the tongue and jaw is similar to what the baby does while feeding at the breast. Finger feeding is best used to prepare the baby who is refusing to latch on to take the breast. It needs to be done only for a minute or two, at the most, just before

trying the baby on the breast if the baby is refusing to latch on. See video clip Finger feed to latch. If the mother is not present to feed the baby or if the baby still doesn't latch on after the finger feeding is attempted, then feeding the baby with a cup is better than finger feeding which can be slow.

Please Note: If the baby is taking the breast, it is far better to use the lactation aid tube at the breast, if supplementation is truly necessary (See information sheet Protocol to Increase Breastmilk Intake and Lactation Aid). Again, finger feeding is not a good method of supplementation in the latching baby.

Finger feeding (best learned by watching and doing).

See also the video clip Not Yet Latching; Finger feed to Latch

1. Wash your hands. It is better if the fingernail on the finger you will use has been cut short, but this is not necessary.
2. It is best to position yourself and the baby comfortably. The baby's head should be supported with one hand behind his shoulders and neck; the baby should be on your lap, half seated. It may be easiest if he is facing you. However, any position which is comfortable for you and the baby and which allows you to keep your finger flat in the baby's mouth will do. See the video clip Finger feed to latch.
3. You will need a lactation aid, made up of a feeding tube (#5French, 93 cm or 36 inches long), and a feeding bottle with an enlarged nipple hole, filled with expressed breast milk or supplement. The feeding tube is passed through the enlarged nipple hole into the fluid.
4. Line up the tube so that it sits on the soft part of your index, thumb, or middle finger. The end of the tube should line up no further than the end of your finger. It is easiest to grip the tube, about where it makes a gentle curve, between your thumb and middle finger and then position your index finger under the tube. If this is done properly, there is no need to tape the tube to your finger.
5. Using your finger with the tube, tickle the baby's upper lip lightly until the baby opens up his mouth enough to allow your finger to enter. If the baby is very sleepy, but needs to be fed, the finger may be gently insinuated into his mouth. Pull the baby's lower lip out if necessary by exerting some downward pressure on the baby's chin. Generally, the baby will begin to suck even if asleep and as he receives liquids he will then wake up.
6. Insert your finger with the tube so that the soft part of your finger remains upwards. Keep your finger as flat as possible, thus keeping the baby's tongue flat and forward. Usually the baby will begin sucking on the finger, and allow the finger to enter quite far. The baby will not usually gag on your finger even if it is in his mouth quite far, unless the baby is not hungry or he is very used to bottles.
7. Gently pull down the baby's chin, if his lower lip is sucked in.
8. The technique is working if the baby is drinking. If feeding is very slow, you may raise the bottle above the baby's head, but usually this should not be necessary. Try to keep your finger straight, flattening the baby's tongue. Try not to point your finger up, but keep it flat. Do not apply pressure to the roof of baby's mouth.
9. The use of finger feeding with a syringe to push milk into the baby's mouth is, in my opinion, too difficult for the mother to do alone and definitely not more effective than simply using a bottle with the nipple hole enlarged and the tube coming from it. The idea of finger feeding is not to feed the baby! The idea is to train the baby to suck properly so that pushing milk into his mouth defeats the whole purpose of finger feeding.

If you are having trouble getting the baby to latch on to or to suckle at the breast, remember that a ravenous baby can make the going very difficult. Take the edge off his hunger by using the finger feeding technique for a minute or so. Once the baby has settled a little, and sucks well on your finger (usually only a minute or so), try offering the breast again. If you still encounter difficulty, do not be discouraged. Go back to finger feeding and try again later in the feed or next feeding. This technique usually works. Sometimes several days, or on occasion a week or more, of finger feeding are necessary, however.

(best learned by watching and doing)

Cup feeding (and similar vessels like spoon, etc) is a method of feeding baby that has been around for a very long period of time. It should be used to feed a baby who is not yet taking the breast and is better than a bottle. This should not be used to supplement a baby who is taking the breast (see the information sheets Lactation Aid and The Baby Who Does Not Yet Latch).

1. Sit baby upright on your lap with baby's head supported while you have one hand behind his shoulders and neck
2. Use a small medicine cup or shot glass when first learning how to cup feed
3. Place the edge of the cup gently on baby's lower lip
4. Bring the liquid to baby's lower lip so baby will lap it up like a pussycat. Do not pour the liquid in baby's mouth
5. It is important to maintain the level of the liquid as best as possible so baby can continually lap it up.
6. Go slowly as the two of you learn how to do this. Eventually, this can become a very fast and efficient way of feeding until baby learns to take the breast, and this is a good method to use to avoid artificial nipples and teats.

If you are leaving the hospital finger or cup feeding the baby, make an appointment with the clinic within a day or so of discharge, or get other good hands-on help quickly. The earlier the better. Once the baby is taking the breast, he may still require the lactation aid to supplement for a period of time; because although the baby may take the breast, the latch can still be less than ideal, and the suck may still not be efficient enough to ensure adequate intake.

The information presented here is general and not a substitute for personalized treatment from an International Board Certified Lactation Consultant (IBCLC) or other qualified medical professionals.

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Questions or concerns? Email Dr. Jack Newman (read the page carefully, and answer the listed questions). Make an appointment at the Newman Breastfeeding Clinic.