

Finger and Cup Feeding

Finger Feeding

Finger feeding is a method that helps train the baby to take the breast. It should not be used solely to avoid giving the baby artificial nipples, but instead, primarily to help latch on a baby who isn't latching, (See handout *The Baby Who does Not Yet Latch*) therefore, finger feeding **should not be used as a method of supplementation if baby is already latching** on to the breast.

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 if the baby has been difficult to wake 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 a lactation aid (see below) can be used at the breast, why use finger feeding?).
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. See below.
4. Breastfeeding is stopped temporarily (**there are *very few* legitimate reasons to stop breastfeeding.** See handouts *Breastfeeding and Medication* and *Breastfeeding and Illness*).
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. Cup feeding is also more appropriate in this situation and takes less time. **This is only a last resort.** Proper positioning and a good latch help sore nipples far more than finger feeding (see handout *Sore Nipples*). And a good all purpose nipple ointment will help as well. This so called "nipple holiday" is usually a mistake 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, the mouth wide open (***the larger the finger used, the better***), and the 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 should be used for a *minute or two*, at the most, just before trying the baby on the breast if the baby is refusing to latch on. **Cup feeding** is usually easier and faster when the mother is not present to feed the baby and is better to finish the feeding, if finger feeding is 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 handout *Protocol to Increase Breastmilk Intake* and handout *Lactation Aid*). Again, finger feeding is not a good method of supplementation in the latching baby.

Finger feeding (best learned by watching and doing)

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, and **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.
3. You will need a lactation aid, made up of a feeding tube (#5 French, 36" 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 the finger with the tube, tickle the baby's lips 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. Generally, the baby will begin to suck even if asleep and receiving liquids will then usually awaken him.
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. 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 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.

Cup Feeding (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. This should not be used to supplement a baby who is taking the breast (see handouts *Lactation Aid* and *The Baby Who Does Not Yet Latch*). Videos of cup feeding may be viewed on our website at www.drjacknewman.com under Video Clips.

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 (See handout *Is my Baby Getting Enough?*).

Questions? Email Jack Newman at drjacknewman@sympatico.ca, or Edith Kernerman at breastfeeding@sympatico.ca or consult: Dr. Jack Newman's Guide to Breastfeeding (called *The Ultimate Breastfeeding Book of Answers* in the USA) or our DVD, *Dr. Jack Newman's Visual Guide to Breastfeeding*; or *The Latch Book and Other Keys to Breastfeeding Success*; or *L-eat Latch & Transfer Tool*, or the *GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond*. See our website at www.drjacknewman.com. To make an appointment email breastfeeding@ccnm.edu and respond to the auto reply or call 416-498-0002.

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