

# Cup Feeding on Transitional Care and the Neonatal Unit

Information for parents



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If your baby is small, premature or unwell, they might not be ready to start breastfeeding. It might be that they have started to be fed via a drip into their vein, or a tube into their stomach.

As time goes on your baby will progress and be ready to take feeds orally (by mouth). When your baby starts to show signs that they are ready to take oral feeds, if you are wanting to breastfeed, we suggest that you avoid giving your baby a bottle, until they have established breastfeeding and find breastfeeding easy. Sucking on a teat requires a different action to suckling on the breast and your baby may find it harder to suckle at the breast once they have become used to teat.



The best way to progress toward breast feeding is to provide your baby with plenty of opportunities to feed at the breast, including lots of time in skin to skin contact.

If baby has not quite got the hang of breastfeeding yet, they can't feed long enough on you to get the milk they need or you're just not available, feeding your baby by a cup can be an effective way of getting your baby to take milk, whilst they are in hospital.

Cup feeding helps you and your baby to progress towards breastfeeding because it encourages your baby to use their tongue and lower jaw to take the milk in a similar way to when they breastfeed. Your baby will also be able to smell, taste and enjoy the milk. Some babies need only one or two cup feeds, some may use it for longer, but only once or twice a day, as they might be otherwise tube or breast fed.

**Please ask for as much help as you need in establishing your breast feeding.**

## Getting started

If your baby has not started to breast feed effectively, the staff can show you how to cup feed.

Always make sure that a member of staff has shown you how to cup feed, and that the first few times you try to cup feed, you are observed to make sure you are comfortable, confident and doing the procedure safely.

- Have a chat with staff about when might be the best time to cup feed. Periods of activity like bathing or medical procedures can be tiring and your baby might not have the energy for a feed after them.
- Look at your baby's behaviour before a feed and talk to staff about signs that show they might not be able to feed safely e.g. If they are 'floppy', have a droopy mouth, or look sleepy. Only cup feed if your baby is demonstrating feeding cues e.g. rooting, wriggling, sucking fingers.
- Try to cup feed in a peaceful environment. Babies are easily overwhelmed and distractions can make it difficult for them to focus. You need to feel comfortable too.

- Wash your hands before you start. Your cup should be sterilised before use.
- Fill approximately two thirds of the cup with breast milk.
- Wrap your baby securely in a cot sheet without limiting the movement of their hands. They like to clasp their hands together, which can help them feel secure. Sometimes they need to put their hands up in front of their face to signal that they need a rest, so it can help to keep their hands free, but if you feel they might knock the cup you can swaddle the hands in.

*Sit your baby upright on your knee. Position them so that they have support to their back and shoulders to avoid them slumping and do not have their chin on their chest.*



- Try not to grip your baby around their head or neck as they may need to pull away if their mouth is full, or they need a rest.
- Laying baby back to cup feed is strongly discouraged as this can cause choking.

## Giving the cup feed

- Bring the cup so that it is gently resting on baby's lower lip, but do not press down. Tilt the cup so that the milk touches baby's lip, then wait. Your baby will move their tongue and start to lap the milk.
- Avoid stroking the face or moving the cup as this can be distracting.
- Your baby can pace their own feed and will keep taking a rest by closing their lips firmly or by pulling away from the cup. When baby is ready and rested, let them start again.

- Sometimes the process can get a little messy, as your baby can dribble and spit the milk out of the side of their mouth. This may be because baby is not in quite the right sitting position or they might be a little tired and not ready to take a feed. Just talk with a member of staff for help.
- If baby shows signs of discomfort like squirming or grimacing, they may need winding. Stop the feed and sit baby upright, support their trunk and gently pat their back. Try not to be too vigorous as they may be sick!
- Don't be tempted to 'push' baby to complete a feed. If they are showing signs that they do not want to continue, this could cause unnecessary stress.
- When you have finished, wash your cup in warm soapy water and place it back in the steriliser.

It is important that you continue to offer plenty of opportunities for your baby to start breast feeding, by using prolonged periods of skin to skin contact and offering your baby the breast whilst they are calm and alert.

***Skin to skin contact and regular expressing are vital in encouraging a good milk supply.***

It can be helpful to express at roughly the same time your baby has a cup feed as this will mimic their feeding pattern. Over time the regular milk removal will signal to your body to make more milk around this time of day.



## Giving formula by cup

It is advised that breast milk is the best milk for your baby, and it is best for them to have just breast milk. However, there are times when it is medically necessary to give babies formula milk in addition to your breast milk. This may be if your baby is premature, very small or unwell. Your baby may need more milk than your body naturally produces, in the first few days after they are born.

Formula can be given by cup too. It can be given mixed with your expressed milk to help baby digest the formula more efficiently.

Remember our aim is for your baby to learn to breast feed and to have as much of your breast milk as they can.

Don't think that if your baby has been born early, or small or has any other problems, that they won't eventually be able to breast feed. It is often considered that giving baby your expressed breast milk is one of the most helpful things you can do to help them progress.

If it is thought that your baby requires formula milk in addition to your breast milk, you will be consulted. Staff will ensure that you are supported in encouraging your milk supply, so that your baby can have all their feeds using your breast milk as soon as they can.

## Useful Contact Details

### **NCT Breastfeeding helpline**

0300 330 0771    [www.nct.org.uk](http://www.nct.org.uk)

### **La Leche League**

0845 120 2918    [www.laleche.org.uk](http://www.laleche.org.uk)

### **Association of Breastfeeding Mothers**

08444 122 949    [www.abm.me.uk](http://www.abm.me.uk)

### **Breastfeeding Network**

0300 100 0210    [www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

### **National Breastfeeding Helpline**

0300 100 0212    [www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk)

### **Haamla Service**

0113 206 5477

### **Infant Feeding Team**

0113 206 5367

*Ask a member of staff for an up-to-date flyer of  
'Breastfeeding Support Groups'.*



## What did you think of your care?

Scan the QR code or visit [bit.ly/nhsleedsfft](https://bit.ly/nhsleedsfft)

*Your views matter*



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