

Spoon Feeds-An Alternative to Bottle Feeding

There is no doubt that breastmilk is the best milk for the newborn baby. Even for a preterm baby, biological mother's milk is the best, and specially tailored to the baby's needs. The hazards of bottle feeding and milk formulae, especially in a developing country are well known and require no elaboration. In view of the enormous advantage of breastmilk, even low birth weight babies both preterm and small for dates, should be fed with expressed breastmilk, using a spoon, palada or cup. Mothers can be taught to do so while still in the hospital.

In the Neonatal Division of the Post-graduate Institute of Medical Education, Chandigarh, bottle feeding has been totally stopped as a policy for over 4 years with positive encouragement of breastfeeding because of its far reaching effects in the community in reducing infection, especially gastroenteritis. Asymptomatic low birth weight and preterm babies with, a gestation of above 32-34 weeks are given spoon feeds of expressed breastmilk as an alternative to bottle/tube feeds.

When to Spoon Feed

We resort to following indications for spoon feeding:

1. Asymptomatic low birth weight and preterm babies above 32-34 weeks of gestation till adequate weight gain or good sucking reflex is established. The infants could be sequentially graduated from intravenous fluids to tube feeds to spoon feeds of expressed breastmilk to alternate

spoon feeds and breastfeeds to exclusive breastfeeding.

Babies with a gestation below 32-34 weeks do not have co-ordinated sucking and swallowing reflexes and should not be experimented with spoon feeds as it will lead to vomiting/aspiration of feeds.

2. Babies with poor sucking reflex such as those with birth asphyxia, sepsis, cleft palate, *etc.*
3. Sick mother, Cesarean section, breast abscess, *etc.* till mother is ready to breast feed.

How to Spoon Feed

Expressed breastmilk is taken in a sterile steel bowl and measured with a sterile disposable plastic syringe (*Fig. 1*). After proper positioning of the baby, three fourth filled spoon of milk is taken. The lower lip of the baby is pressed with the spoon without tilting it. Then the milk is poured inside the mouth on the sides, while the tongue is kept pressed. The spoon is not taken out till the baby swallows the milk offered from the spoon. The baby is burped after about half the feed has been consumed. To make amends for the slight spilling of milk while feeding, an extra 2-3 ml of milk should be taken than the actual amount required. Steel or aluminium "Palada" with a specific capacity of 5 and 10 ml, can be used with great success especially in babies with poor sucking reflex as in those with birth asphyxia, cleft palate and septicemia(1).

Advantages

The advantages of this method are:

1. Culturally and socially acceptable.
2. Easily taught to the mother.
3. More hygienic than the bottle; the cup

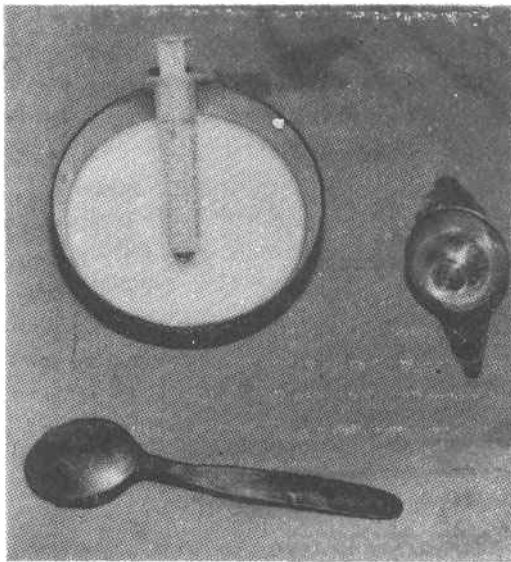


Fig. 1. Sterile steel bowl with expressed breastmilk, disposable plastic syringe, spoon and palada (gokarnam).

and spoon, can be sterilized easily. Thus the vicious cycle of infection-morbidity-mortality can be avoided.

4. Helps in early weight gain and early discharge from hospital of preterm and low birth weight babies. The same practice can be safely continued at home till the baby attains good sucking and sufficient weight.

The main objection to spoon feeds is the longer time required and the risk of aspiration. In our experience with more than 300 babies, with proper supervision, we did not have a single case of aspiration. With 'Palada' because of its shape, mothers' found it quite convenient to hold and feed the baby without spilling. Also with larger quantities (5-10 ml), the feeding time could be greatly reduced.

It is seen that many preterm/small for

date babies initially on breastfeeds do not suck well and easily get tired, leading to lack of weight gain. In such a situation, use of alternate spoon feeds of expressed breastmilk will lead to quicker weight gain and the need for tube feeds can be eliminated.

In the poorer sections of the community, where the cost as well as the risks of bottle feeding are enormous, expressed breastmilk can safely be fed to preterm or low birth weight babies, using the spoon/palada (Gokarnam) till they attain sufficient weight and good sucking reflex. It is cheap, culturally acceptable and there is less chance of infection. The value of expressed breastmilk to the baby with all its nutritive and antiinfective properties needs no emphasis. Familiarization of this technique of spoon/palada (Gokarnam) feeds will further promote feeding of breastmilk even to preterm and low birth weight babies and further boost up the Baby Friendly Hospital Initiative and Breast Feeding Promotion Network Programmes in India and help to do away with bottle feeding and milk formulas altogether.

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1. Ghosh S. The Feeding and Care of Infants and Young Children, 6th edn. New Delhi, Voluntary Health Association of India, 1992, pp 69-82.