

Suthi Feeding

With more and more hospitals becoming baby friendly, the need of a suitable alternative to bottle feeding is becoming paramount. We also passed through this transitional phase of trying these alternatives and want to share our experience regarding Katori Chammach vs Suthi/ Paladai. Contrary to the report from Jodhpur(1), we found Katori Chammach a better alternative for the following reasons.

1. Suthi has a capacity of around 10-20 ml. This reservoir capacity obviates the need of repeated filling but at the same time can be hazardous. Its long arm (nozzle), arising right from the base, can lead to aspiration especially in preterm/SFD, as only a slight tilt of Suthi will cause a sudden gush of large quantities of milk. On the other hand, a small spoon is absolutely safe in this regard as it is filled as per the need and has a better control.
2. As far as reduction in duration of feed to 1/3rd by Suthi(1) is concerned, we observed that the rate limiting step is the time which the baby takes in

swallowing. Repeated filling of spoon which hardly takes a few seconds, does not result in extra time consumption as it is done while the baby is still swallowing the last drops of milk.

3. There can be chances of contamination with Suthi due to repeated fillings by dipping into the vessel where as the spoon is obviously free of this drawback..
4. Suthi with its curved and sharp edges can be injurious also in newborns.

We found feeding by small spoons with narrow and rounded apex convenient and safe in contrast to Suthi which has no proper grip. Considering all the factors mentioned above, we decided not to advocate Suthi's use for feeding.

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REFERENCE

1. Gupta BD, Jain P, Mandowara SL. Suthi feeding: An experience. *Indian Pediatr* 1995, 32: 703-704.

Reply

We would like to draw attention towards the following facts:

1. Nozzle of Suthi, the side arm arising from main vessel, is a semi Circular canal of a capacity of about 1-2 ml. This small nozzle, in fact prevents chances of rapid pouring of milk into the neonate's mouth. A small tilt made inadvertently would allow passage of milk from capacious major vessel into small nozzle. Thus, the major vessel of Suthi is not in direct contact with the neonate's mouth. The long handle of spoon, due to its lever like action, will magnify the tilt at the mouth end of spoon several times the actual tilt made at the point where the spoon is held. This is not the case

with Suthi due to its shorter handle. Thus, the chances of sudden gush of milk into the mouth and subsequent aspiration are much less.

2. It is our practical experience that nurses as well as mothers have a natural tendency to observe the child till all the milk poured in the mouth is swallowed. Hence, repeated filling of spoon from the Katori, while the baby is swallowing the milk, is not possible as the mother is looking towards the baby. The two acts are not possible simultaneously as either the child may aspirate or the spoon cannot be filled properly. Thus, the rate limiting steps are I

filling of spoon as well as swallowing of milk. Since swallowing of milk is a factor that cannot be modified or hastened, the feeding time will be increased several times, if the spoon is used for feeding a neonate.

3. Jain and Chaudhary have agreed about the 10-20 ml reservoir capacity of Suthi that obviates the need of repeated filling, but surprisingly, later they have raised the question of contamination with Suthi due to repeated fillings by dipping it into the vessel. However, we would like to clarify that due to large capacity, repeated fillings are not necessary and even if required, Suthi can be refilled by pouring milk into its large reservoir without dipping of Suthi.

4. The nozzle of Suthi which come in contact with the neonate's mouth has curved and rounded edges which are not injurious.

5. The normal sized spoon (tea-spoon) is too big to use, particularly for premature/SFD babies. A small spoon suitable for these babies would be too small to carry enough milk to feed, thereby requiring repeated fillings of the spoon and increasing the chances of contamination.

6. We have been using Suthi feeding in our Neonatal At Risk Nursery for 1 year and as yet have not come across a single case of aspiration. Rather, we have developed more faith and felt more convenience in feeding neonates, especially preterms, with Suthi. Besides the above mentioned facts, we would like to point out that Suthi is very economical (Rs. 8/- per vessel) which is within reach of most people.

Considering all the above mentioned facts, we will strongly recommend feeding of neonates with Suthi whenever breastfeeding is not feasible.

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Comments

All the discussion regarding spoon feeding versus Suthi (also called Paladai or Jhinook) seems meaningless. It all depends on one's experience and expertise in handling the gadget, and equally successful feeding has been carried out with spoon or with Suthi both in term and preterm babies provided the baby has co-ordinated sucking and swallowing reflexes.

Both methods can predispose to infection unless handled properly and hygienically. Both badly manufactured suthis and spoons can have sharp edges and can be harmful. Each to his/her own devices! Feeding with either is nothing new. Our mothers and grandmothers have used these.

I had written about paladai feeding in my book 'feeding and Care of Infants and Young Children', the first edition of which was published in 1976 and there is a picture of paladai in that. Almost fifteen years ago, I saw this being done successfully by mothers in Dr. Jayam's Neonatal Unit in Madras. Of course babies, even preterm, have been fed successfully with a cup as reported from Kenya first, and now is being carried out in many other units, I am sure. All this goes to show that babies can be fed successfully without feeding bottles.

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