

Reply

We disagree with the idea that a rethinking is needed regarding feeding by bottle or spoon. Through the Baby Friendly Hospital Initiative, Breast Feeding Promotion Network of India and Child Survival and Safe Motherhood programmes, the concept of breast feeding has been promoted throughout India. In Trivandrum Medical College, where we have about 2400 admissions annually, we have totally discarded bottle feeding over the last 3 years and replaced it with spoon/palada feeds with total success. Initially like the authors, we also had our inhibitions. But with experience both the nurses and mothers have accepted this concept very well and this has led to early discharge of babies as small as 1200 g from the hospital.

While we agree that a few babies would definitely require artificial feeds either with expressed breast milk or milk formula, it is stressed that these babies can easily be fed with a spoon/palada. The cost of the bottle, the cost and expertise in sterilizing the bottle, the expertise required in giving the bottle feed and the ten-fold increase in gastroenteritis with bottle feeding have also been proved beyond doubt. Also a baby put on the bottle gets "nipple confusion" and fails to suck on the breast.

Regarding aspiration of feeds for babies below 32-34 weeks or those who are very sick with absent suck or swallow reflex, nobody should venture

bottle or spoon feeds, but tube feeds should be used. With a little training, any nurse or paramedical person or the mother can feed the baby with spoon or palada without the risk of aspiration. Improper bottle feeding can cause gaseous distention, vomiting and aspiration of feeds more often than spoon feeding.

Proper precautions of expressing milk with clean hands into a sterile bowl and feeding without dipping the finger into the milk avoids contamination. As long as mother feeds with expressed breast milk, there is no question of overfeeding and obesity. In a hospital set-up for low birth weight or pre-term babies only the calculated amount is given so that overfeeding never occurs.

Spoon feeding with expressed breast milk or formula is a temporary stop-gap arrangement before going on to full and exclusive breast feeding. Hence, the question of deprivation of "psychological satisfaction" does not arise. We also advise "non-nutritive sucking" on the breast in between expressed milk feeds.

Years of experience have taught us beyond doubt that there is no need to do a study to decide whether bottle feeding is required. As far as our country is concerned, with all its socio-economic problems, it can be taken for granted that we have almost said "goodbye to bottle feeding."

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