# Breast vs. Bottle Nipples



Nipple preference may happen when bottles or pacifiers are given too early to the breastfed baby. The tongue, jaw, and mouth do not move the same way when sucking from the bottle as from the breast.

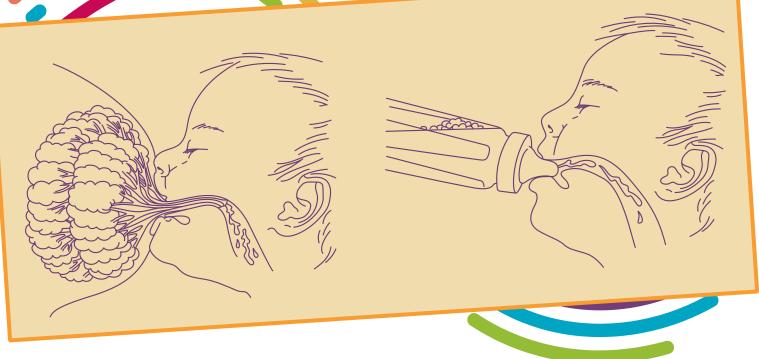
## Signs Your Baby May Have Nipple Preference.

- Pushes your nipple out of their mouth
- Does not open wide to latch
- Latches for a short time and releases
- Gets irritated easily when the milk is not flowing



### Prevention

- Tell all health care professionals that you are breastfeeding.
- Breastfeed within 1 hour after birth.
- Room with baby in the hospital.
- Begin skin-to-skin contact with baby after birth.
- Delay the use of pacifiers and bottles until breastfeeding is well established.
- Contact your WIC breastfeeding expert for help with latching.



The sketch above shows the difference of how the infant eats at the bottle compared to the breast. Notice the **breastfeeding baby (left)** must open wider and draws milk from many areas of the breasts. The **bottle-fed baby** (**right**) does not have to open wide and there is a constant flow of milk into the mouth.

## Nipple Preference Solutions

natura Nutrition breastfeed for the best start

#### Treatment

- Stop using artificial nipples (bottles and pacifiers).
- Increase skin-to-skin contact between mom and baby.
- If you must feed with a bottle, learn about how to feed your baby at their own pace. This will help to protect feeding at the breast & minimize nipple preference.

#### A. Finger suck training

- 1. Stroke baby's lips with clean finger. When mouth opens, touch the tip of baby's tongue until it sticks out over gums.
- 2. Place finger in baby's mouth. With fingernail toward the tongue, gently stroke roof of mouth until baby begins to suck.
- 3. Be sure lips are turned out around finger. The tongue should cup around the finger.
- 4. Leave finger until baby starts to suck in a good rhythm.
- 5. When baby is relaxed, pull finger out and repeat until well rooted: tongue down and suck with tongue over gums.

#### B. Syringe or dropper feeding

- 1. Fill a clean syringe or dropper with breastmilk.
- 2. Gently squirt drops of milk into baby's mouth. Make sure tongue cups the barrel of the syringe.
- 3. Go slowly and allow baby to swallow between drops.

#### C. Cup or spoon-feeding

- 1. Hold baby in an upright position.
- 2. Use a small flexible plastic cup with smooth edges, such as a medicine cup.
- 3. Fill the cup half way with breastmilk.
- 4. Slowly lift the cup to baby's lower lip, tilting until breastmilk reaches rim.
- 5. Do not pour milk into baby's mouth. Baby will begin to smell and sip the milk.
- 6. Continue to tilt the cup enough so the milk stays at the rim.
- 7. Be patient and continue to practice.
- 8. Offer your breast often, when baby is calm and before baby is too hungry.

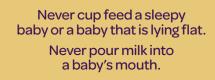


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