

SELECTING BOTTLE NIPPLES FOR THE BREASTFED BABY

Recently Lactation Consultants have been doing studies on different bottle nipples in order to help mothers select from the vast array of nipples in the stores. Many of them boast “Most like breastfeeding” or “Reduces colic.”

Two LCs, Karen Kerkoff-Gromada and Lisa Sandora have done the most comprehensive research to date. They presented at the 2008 ILCA conference and will be submitting their findings for publication. They used a breast pump to test the flow rates of “gazillions” of bottle nipples. While admitting that this is not a baby, they did discover differences in flow rate.

Lisa Marasco and Diana West have suggestions in their book, Making More Milk and are updating their recommendations as they broaden their research.

There are differing opinions among LCs on which bottle nipples are “best” for breastfeeding, most of which are based on experience with their clients. There was a focused thread on Lactnet in 2007 and another in 2008 in which many highly experienced LCs reported their choices and the reasons for those choices.

They all agree on one major point—The nipple must be truly **slow flow**. As Karen Gromada states, “No young infant should be forced to develop maladaptive suck-swallow behaviors in order to safeguard her airway.” Unfortunately, manufacturer claims are no guide to the flow rate of a given nipple. Even within a package some nipples will be slow flow, some fast flow and some “blind”—no flow at all. Fast-flow—whether with bottle nipple or breast (overactive MER) overwhelms and threatens the airway causing distress.

The stage ratings on bottle nipples are misleading. A baby of any age should have a slow-flow nipple. Just as the baby at the breast doesn’t experience a nipple change as he grows older, the bottle-feeding baby should not have to adjust to a faster flow rate as she grows older. The “stage 3” fast flow bottles are for the convenience of the care-giver who wants to shorten feeding time.

No one nipple is best for all babies. Babies differ greatly in their patterns of suckling. Two aspects of feeding are vacuum and compression. From Hartman's lab research, infants use a variety of vacuums throughout a feeding. Other factors to consider are age and vigor of baby and any oral challenges. One baby's fast-flow rate is too slow for another baby.

There is consensus on a few bottle nipples:

Flow rate is the first consideration. All should be slow flow.

Not a short teat with a wide-based nipple

Not the green Soothies nipple—nipple too short for any but a tiny premie

Not the orthodontic nipples

Not Avent—causes biting and tip sucking and chewing on the tip

Not Born Free—slow suction rate but fast compression rate

Not Munchkins—flow too fast in all three flow stages

Individual comments on other nipples:

BreastFlow bottle/nipple by First Years got good reviews.

The new Breastbottle is an improvement but is still too slow. One can make another hole in the tip. It can be hard to assemble.

Dr Brown standard shape (not wide based)

Evenflow Comfi

Playtex Ventaire (not wide based)—very slow—not for sleepy newborns

Test several nipples. Whatever one allows baby to feed comfortably is “better” than the others.

Give different nipples to the baby, making the breast the one that is reliable and constant.

The best nipple for a given baby is the one she will accept and feed well with.

Pat Gima:

Offering the bottle in a baby-led way with her always drawing the nipple in herself helps prevent nipple preference away from the breast.