

## Supplementary feeding - cup feeding

### Standard

All infants who receive a cup feed will have the procedure carried out safely and according to individual need and toleration.

### Equipment

A sterile feeding cup, correct milk

### Procedure

- Assess infant's suitability and need for a cup feed (see note 1).
- Place the cup and bottle/syringe containing the feed in an accessible position for carrying out the procedure.
- Fill the cup to the required volume or if greater than 40mls, to 2/3's full.
- Hold the infant in an upright position with the head, neck & shoulders supported. The infant may need to be swaddled.
- Tip the cup so that the milk rests along the rim. Place the rim to the outer edges of the infant's upper lip allowing the underside of the cup to rest gently on the lower lip.
- **DO NOT** pour the milk into the infant's mouth. Allow the infant to lap or sip the milk from the cup.
- Take breaks when and, as the infant requires (see note 2).
- Reposition the infant comfortably
- Document the amount of feed taken.
- Assess infant's toleration of the procedure and document this in the appropriate notes.
- Wash the cup in hot soapy water, rinse and sterilise in microwave.
- Ensure parental involvement.

### Potential complications

Aspiration, poor attachment when breast feeding.

### Notes

1. Infants must demonstrate competency at oral feeding (that is co-ordination in sucking, swallowing and breathing with minimal physiological compromise) before being given a cup feed. Infants must be alert and actively seeking to feed.
2. Although the infant is actively acquiring milk it is important that swallow/breath frequency is observed; too much milk will result in either excessive dribbling or multiple swallows with reduced breathing frequency.

### References

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