



Breastfeeding and Bottle Feeding Policy

During the enrolment and settling-in process, staff should gather all the required information in relation to a baby's feeding routine, including formula brand, times that the baby typically feeds, and the frequency and the quantity of feeds. At Walmer Bridge Day Nursery, we always follow the routine that the baby has established at home with their parent(s)/carer(s). Parents should notify the baby's key person if and when this changes i.e. when the baby's quantity of milk increases/decreases or the frequency of feeds increases/decreases. Staff members should notify parents of any changes that occur whilst the baby is at nursery e.g. if the baby required an additional feed than typical for their routine.

Infants aged 0-6 months require only a diet of milk; breastmilk or formula milk. At Walmer Bridge Day Nursery, we fully support breastfeeding mothers, and encourage them to continue providing breastmilk for their baby whilst attending our nursery setting. We are a 'Breastfeeding Friendly' setting and can provide a private and comfortable place to breastfeed within our nursery, should a mother wish to breastfeed. We also support mothers who wish to provide expressed breastmilk for their infants and children to do so.

Expressed breastmilk provided for infants should be labelled with dates, stored safely, and used only for that child. Breastmilk should be stored in a sterilised container, and can be kept:

- In the fridge for up to five days at 4°C or lower.
- For two weeks in the ice compartment of a fridge.
- For up to six months in a freezer.

If breastmilk is frozen, it should be defrosted in the fridge before giving it to a baby. Once it is defrosted, it should be used straight away, and cannot be refrozen. Breastmilk can be warmed to body temperature by placing the prepared bottle in a jug of lukewarm water. Staff must NEVER use a microwave to heat it, as this can cause 'hot spots', which can burn a baby's mouth. Once the bottle of milk has been prepared, it should be used within 1 hour and anything left over should be disposed of.

Good hygiene is very important when making up a feed. Baby's immune systems are not as strong as an adult's, and therefore bottles, teats, and any other feeding equipment need to be washed and sterilised before each feed. This will reduce the risk of infection, which could cause illness, including diarrhoea and vomiting. Sterilising equipment is available in the main kitchen and in the baby room.

Cleaning

Before sterilising, staff members must clean bottles, teats, and other feeding equipment in hot, soapy water. This should be done as soon as possible after feeds. Staff should use the designated bottle brush to clean bottles and a small teat brush to clean the inside of teats. If a small teat brush is unavailable, staff may also turn teats inside out and then wash them in hot soapy water. We will never use salt to clean teats, as this can be very dangerous for a baby. All feeding equipment will be rinsed in clean, cold running water before sterilising.

Bottles and other feeding equipment can also be cleaned in dishwasher, which is located in the main kitchen. Putting feeding equipment through the dishwasher will clean it but it does not sterilise it. Staff should ensure that bottles and lids are facing downwards in the dishwasher. Teats must always be washed separately by hand, to ensure they are completely clean.

Bottles and teats should be inspected during the cleaning process to ensure that they are safe to use. Damaged equipment should NEVER be used – damaged teats can pose a choking risk to babies. Any damaged feeding equipment should be given back to the baby's parent(s)/carer(s) for them to dispose of.

Sterilising

At Walmer Bridge Day Nursery, we sterilise bottles and feeding equipment using a microwave steriliser (steam sterilising). Staff must always ensure to follow the manufacturer's instructions for the microwave steriliser.

After sterilising bottles and teats, they should be left inside the steriliser until they are needed. Staff should always wash and dry their hands before handling sterilised equipment. Bottles should be assembled and prepared on a clean, disinfected surface or inside the upturned lid of the steriliser.

Preparation

Baby room staff members are trained to prepare formula feeds as per the current Department of Health guidelines. Powdered formula is NOT sterile, and therefore needs to be made up with water at a temperature of at least 70°C to kill any harmful bacteria, and then cooled before being given to a baby. A kettle is available within the baby room 'kitchen', for preparing bottles. The kettle should always be kept in this designated area, and NEVER used in, transported to, or carried around the main baby room. Staff should always ensure that the gate is closed and locked when using the kettle to prepare bottles.

- Step 1: Fill the kettle with at least 1 litre of fresh tap water (do not use bottled water or water that has been boiled before).
- Step 2: Boil the water. Then leave the water to cool for no more than 30 minutes, so that it remains at a temperature of at least 70°C.
- Step 3: Wash and dry your hands thoroughly.
- Step 4: Clean and disinfect the surface you are going to use.
- Step 5: Assemble the bottle on the cleaned, disinfected surface -pull the teat through the ring (using sterile teat tongs) and then secure the lid.
- Step 6: Pour the correct amount of water you need into the bottle. Double check that the water level is correct. Always put the water in the bottle first, while it is still hot, before adding the powdered formula.
- Step 7: Loosely fill the scoop with formula powder and then level it, using the leveller provided. Different formulas come with different scoops. Make sure you only use the scoop that comes with the formula to ensure accurate measurement.
- Step 8: Screw the lid tightly onto the bottle, ensuring that the ring is firmly attached.
- Step 9: Shake the bottle until the powder is fully dissolved.
- Step 10: It's important to cool the formula so it's not too hot to drink. Staff should cool milk by holding the bottle (with the lid on) under cold running water.
- Step 11: Staff should always test the temperature of the formula before giving it to the baby - drip a small amount onto the inside of your wrist. It should be body temperature, which means it should feel warm or cool, but not hot.

Bottles should only be prepared when they are needed or shortly before (maximum 30 minutes before). Bottles should always be disposed of 1 hour after it has been prepared, as bacteria can multiply very fast at room temperature. At Walmer Bridge Day Nursery we do NOT use preparation machines. Staff should NOT add extra formula powder when making up a feed, as this can make a baby constipated or dehydrated. Staff should NOT add extra water when making up a feed, as too little powder may not give the baby enough nourishment. Staff should NOT add anything to baby's formula, including sugar, cereal, or baby rice. Staff should NOT warm up formula bottles – they should always be freshly prepared, cooled to the required temperature (see steps above) and disposed of 1 hour after preparation. Staff must NOT use bottled water for making up feeds, as it's not sterile and may contain too much salt or sulphate.

It is preferable for parents/carers to provide a full box of formula, to be stored at Walmer Bridge Day Nursery. Boxes of formula should be new and sealed. Boxes of formula should be labelled with the child's name and dated when opened. Any remaining formula in the box 4 weeks after opening, should be given back to the baby's parent(s)/carer(s), who will then need to provide a new and sealed box.

However, we appreciate that formula can be a big expense, therefore, parents can choose to pre-measure formula powder and store in plastic milk containers, ready for nursery staff to use. In this case, parents/carers must always ensure to notify the baby's key person of how much powder is in each container i.e. number of scoops. This allows the staff member to accurately prepare the feed with the correct and corresponding amount of water. If a staff member is unsure how much powder has been measured by the parent/carer, they must always contact them via telephone before preparing the feed.

Feeding

Where possible, bottle feeds should be done by the baby's key person and used as an imitate opportunity to bond and build a trusting relationship - give eye contact and talk or sing to them as they feed. Babies should always feel safe and secure during feeds. Staff should ensure that they are sitting comfortably with the baby close to them. There is a comfortable adult-sized chair available in the baby room for staff to use whilst bottle feeding. Staff should hold the baby in a semi-upright position for bottle feeds and support their head, so they can breathe and swallow comfortably. Staff should keep the bottle in a horizontal position (just slightly tipped) whilst feeding - this will allow the milk to flow steadily and help prevent the baby from taking in air. If the teat goes flat whilst feeding, staff should pull gently pull the teat out of the baby's mouth and allow the suction to release before continuing the feed. If the teat gets blocked during a feed, the staff member should replace it with another sterile teat.

Teats are available in different 'sizes'. The key person should discuss with the baby's parent(s)/carer(s) if they think a baby needs to use a different teat size. Signs that the flow is not fast enough and it's time to move up a level include:

- Taking longer to finish feeding
- Becoming fussy or irritated whilst feeding
- Falling asleep during feeding

A teat flow rate may be faster than a baby can tolerate. If the baby is exhibiting any of these signs whilst feeding, they may need a slower flow teat:

- Gulping
- Hard swallowing
- Coughing
- Choking
- Milk dripping from the mouth
- Refusing the bottle

A baby can be encouraged to begin a feed by brushing the teat against their lips - when they open their mouth, let them draw in the teat naturally. A baby should NEVER be force-fed. Staff should NEVER leave a baby alone to feed with a propped-up bottle and NEVER leave them alone in bed with a bottle. This could cause serious danger to the child, as they may choke on the milk.

A baby may need to take short breaks during a feed and may sometimes need to burp. Staff should always give the baby plenty of time to feed, at their own pace. Staff should NOT force a baby to take more milk than they want during a feed - this may be distressing for the baby and can lead to overfeeding. When a baby has had enough milk, staff should sit them upright on their knee or hold them upright over their shoulder and gently rub or pat their back to bring up any wind. It is normal for babies to bring up a little bit of milk during or just after a feed. However, if this happens a lot, a baby is violently sick, or if staff are worried for any other reason, the baby's parent(s)/carer(s) will be notified.

Allergies

If a staff member suspects that a baby might be allergic or intolerant to formula, they should notify the nursery manager immediately. The nursery manager and baby's key person will talk to the baby's parent(s)/carer(s) regarding their concerns and recommend that they seek advice from the baby's GP. If necessary, the GP can prescribe a special formula feed. The medication policy should be followed for prescribed formula. Dated prescription labels should always be present on prescribed formula.

Short-term symptoms of an allergy may include:

- Gulping and/or hard swallowing
- Coughing and/or choking
- Fussiness or refusing the bottle
- Excessive crying and is difficult to soothe or settle
- Being violently sick
- Seems to be in pain - clenching their fists, red in the face, bringing knees up to their tummy or arching their back

Long-term symptoms of an allergy may include:

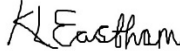
- Skin reactions – such as an itchy rash or swelling of the lips, face and around the eyes.
- Digestive problems – such as stomach-ache, vomiting, colic, diarrhoea, or constipation.
- Hay fever-like symptoms – such as a runny or blocked nose.
- Eczema that does not improve with treatment.

Occasionally, milk allergies can cause severe allergic symptoms that come on suddenly, such as swelling in the mouth or throat, wheezing, cough, shortness of breath, and difficult, noisy breathing. A severe allergic reaction (anaphylaxis) is a medical emergency. **Call 999 for an ambulance immediately if you think a child has anaphylaxis.** Further details on anaphylaxis procedures are outlined in the food allergies policy.

Not all milk is suitable for consumption by babies. Staff should NEVER give the following types of milk to a baby under 12 months:

- condensed milk
- evaporated milk
- dried milk
- goats' or sheep's milk
- other types of drinks known as "milks", such as soya, rice, oat, or almond drinks
- cows' milk as a drink (but it's fine to use it in cooking)

Complementary foods should be introduced alongside milk from 6 months to ensure that infants get all the nutrients they need and start their food journey to ensure they develop appropriately (see weaning policy). At Walmer Bridge Day Nursery, we always follow the parent(s)/carer(s) lead during the weaning process – please refer to our Weaning policy for further information.

This policy was adopted on	Signed on behalf of the nursery	Date for review
5th January 2024	Katy-Leigh Eastham (Nursery Manager) 	January 2025
This policy was reviewed on	Signed on behalf of the nursery	Changes made?
6th January 2025	Katy-Leigh Eastham (Nursery Manager) 	No changes needed January 2026