



IABLE

Institute for the Advancement
of Breastfeeding & Lactation Education



Bottle Refusal

Help! My Baby Won't Take a Bottle

It can be very stressful for parents when their baby has a hard time taking a bottle. Prior to returning to work, it is fine to focus on directly feeding your baby and allow caregivers to work on bottle feeding after you return to work. If you would like to do so, you can try leaving your baby with a partner or caregiver a few times per week (and have lunch with a friend or do something you enjoy) so they can trial a few bottles prior to you returning to work. Below are some tips that have been helpful for some families, and hopefully will be helpful for yours, too.

Try having someone other than the lactating parent offer the bottle.

It makes sense that babies associate feeding with being at the breast or chest. For some babies, the lactating parent needs to be out of the house, not just in another room, for them to take the bottle from another caregiver.

Try offering the bottle when the baby is not overly hungry or tired.

When babies are having a tough time taking a bottle, it can help to offer it between feedings, or when the baby is not overly hungry. In addition, practice with a bottle when the baby is not tired. Learning a new skill takes patience and effort, and we all have more of both when we feel well rested and calm.

Try feeding the baby in different positions.

Babies are unique in their preferred feeding positions. Preferred positions for directly feeding are typically different than those preferred for bottle feeding. Try holding the baby facing out to look around the room or sitting propped up on your legs.

Try moving around while feeding the baby.

Feeding the baby while you are walking around the room and gently bouncing or swaying may help some babies take the bottle.

Try allowing the baby to latch onto the bottle nipple themselves rather than putting it directly into their mouth.

You might tickle the baby's upper lip and nose with the bottle and wait for them to open wide to latch onto the nipple, similar to how they would latch on to a breast. Be sure the baby latches onto the wide base of the nipple and not just the tip, with both lips flanged outward, as they would when breastfeeding.

Try wrapping the bottle in a shirt or cloth that the lactating parent has worn so the smell is familiar. The caregiver can also wear the shirt or cloth while feeding baby.

Some parents sleep with a burp cloth and then wrap it around the baby's bottle.

Try different temperatures of milk in the bottle.

Babies differ in their preference for warmed milk, room-temperature milk, or cold milk. Experiment a bit to see if your baby has a preference. You may also try warming the bottle nipple (holding it under warm water) before the feeding so it is not cold. For a teething baby, chill the bottle nipple in the fridge before the feeding.

Try different bottle nipples.

The extensive choice of bottle nipples available at stores can be overwhelming, and unfortunately there is not one "best" nipple. The most expensive bottle/nipple combinations aren't necessarily better than the less costly options. Look for a long, straight nipple rather than a short, flat one, so that the baby latches deeply on the bottle like they would at the breast. Consider trying a nipple that is "newborn" or "slow flow" so the milk comes out more slowly and doesn't overwhelm the baby. However, some babies might prefer a faster flow nipple, especially if you have a fast and furious letdown.

The truth about taste and smell of expressed milk.

Many parents notice that their expressed breastmilk has an off-odor or tastes soapy. All stored milk has a change in odor and taste over time, due to the normal lipase in human milk which naturally breaks down the fats in the milk after the milk has been expressed. There is no such thing as 'high lipase' as many are led to believe. The longer the milk is stored in the refrigerator or freezer, the stronger the odor. The odor is also partially determined by the fats in the lactating parent's diet. Your milk is perfectly safe for babies to drink even with this change in taste and odor, and it is unusual for infants to refuse the milk. If you think your baby is refusing the milk due to taste or odor, it might be helpful to decrease fish intake or withhold fish oil supplements to see if that helps.

Try feeding the baby with something other than a bottle.

You may try feeding the baby with a spoon, sippy cup, or regular open cup (perhaps a small medicine cup or shot glass). Hold the baby in your lap upright- swaddling will be helpful! Bring the spoon or cup to the baby's mouth and allow the baby to take the milk on their own by just touching the milk in the spoon or cup to the baby's upper lip. Let the baby set the pace. Be very careful to not dump the milk into the baby's mouth to avoid choking. Check out the [IABLE Cup Feeding video](#) to learn more.

For infants who are 4 months and older, try offering breastmilk popsicles.

Try "introducing the mouth to the bottle" rather than trying to get the baby to drink.

Step 1: Bring the nipple (no bottle attached) to the baby's mouth and rub it along the baby's gums and inner cheeks, allowing the baby to get used to the feeling and texture of the nipple. If the baby doesn't like this, try again later.

Step 2: Once the baby accepts the nipple in their mouth, encourage them to suck on the nipple. Without the bottle attached, place your finger inside the nipple hole and rub the nipple gently against the baby's tongue.

Step 3: When the baby is comfortable with the first two steps, pour some drops of milk into the nipple without attaching the nipple to the bottle. Start by offering small sips of milk, making sure to stop when the baby shows that she has had enough.

If your baby still doesn't take the bottle after you've tried these tricks, consider the following.

- Can you shift your schedule so that you can take a break from work to go to your baby and directly feed them there?
- Can your caregiver bring the baby to you to directly feed throughout the day?
- Can you telecommute/work from home for a while?

My baby will finally take a bottle, but generally won't drink much at daycare.

Some babies do something called "reverse cycle nursing" when their parents go back to work. They spend most of the day sleeping/not eating at daycare, and then at night feed frequently to make up for all of the eating they missed out on during the day. Some parents like reverse cycle nursing because directly feeding overnight can be a special time to bond with their baby and helps to support their milk production, especially if they have trouble pumping sufficient volumes at work. However, the interrupted sleep can make it difficult for the parent to meet their own sleep needs. Some families are able to work out their own system to help the lactating parent get as much sleep as possible while still attending to the baby's nighttime nursing needs. Here are a few tips for getting as much rest as you can:

Sleep near your baby. Options include a crib in your bedroom or a bedside sleeper that is secured to your bed. If you choose to bedshare or are concerned about falling asleep with your baby, make sure to follow low risk bedsharing guidelines to minimize any risks of bedsharing. ([See The Academy of Breastfeeding Medicine Protocol on Bedsharing and Breastfeeding 2019](#))

Prioritize the things you need to get done and enlist friends and family to help out so you have time to get to bed earlier, nap during the day, and/or sleep later into the morning.