Responsive feeding and how it can help shape your baby's future

If you're the parent of a baby and want to know more about the latest feeding technique recommendations, then this leaflet's for you.

You'll find out what responsive feeding is, what the benefits could be and how to apply it to breastfeeding and bottle-feeding. There are also some quick, handy, tips for you to refer to.

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If you have any questions, please talk to your healthcare professional.





What is responsive feeding?

Responsive feeding is part of a two-way relationship between you and your baby where they communicate feelings of hunger and fullness through their behaviour. You interpret the cues and respond appropriately.

This may sound obvious, but some cues are more subtle than others and it can be tricky to always get it right. But we're here to help you interpret those signs more successfully.

Babies are born with a natural ability to feed and regulate their energy intake, they know when they're hungry and will



find a way to tell you. Equally, they know when they're full and will behave accordingly.

Your baby's appetite regulation is built-in, but it's important to feed responsively in order to nurture this. If you ignore their hunger and fullness cues it's possible to override their natural ability to regulate how full or hungry they are.

All babies' temperaments are different, which can mean they communicate hunger and fullness differently. So there's no set rule, but you'll soon get to know when your baby's telling you they do or don't want feeding.





How will it help my baby?

Responsive feeding nurtures your baby's natural appetite response. So if fed responsively in the first two years of life, they should learn how to control how much they eat and recognise feelings of hunger and fullness independently.

It's been said that responsive feeding could be a protective factor against becoming overweight or obese later in life. It also helps to create a strong trusting bond between you and your baby. Responsive feeding allows your baby to regulate their own energy intake based on their individual needs. It's normal for the amount of milk your baby drinks to fluctuate, and there isn't a standard amount your baby should be having each feed or every day. So let them guide you.

Babies often have growth spurts, so may go through stages where they'll be drinking more milk than other times – this is nothing to worry about. Being responsive to your baby will allow them to show you what they need.

If you're feeding your baby formula, the feeding tables on the packaging are based on average requirements for baby boys and girls of all different sizes, so it's just a rough guide. This guide might help to start, but you'll soon get to know what your baby needs. For example, smaller babies might need less milk than bigger babies so watching for baby's cues is the best guide to whether your baby is full or not.

Responsive breastfeeding

Breastfeeding is a naturally responsive way of feeding babies. It's thought to be a lot more led by your baby as they regulate how much milk they have in a feed. Here are some tips if you're breastfeeding.







Feed your baby directly from the breast. This closeness helps to form a bond and a mutual understanding of signals between you and your baby.

When your baby's nose is in line with your nipple, their mouth should be wide open, enough to cover your nipple and the lower part of the dark areola around it. If they don't do this straight away, don't worry, gently move their head and brush their top lip across your nipple - this should encourage them to open their mouth and poke out their tongue ready for a feed.





Set a **routine** for your baby.
This doesn't mean you should feed to a strict schedule, so be flexible - breastfed babies often feed more frequently than bottle-fed babies.

Watch out for **hunger cues** here. If they open their mouth, place your nipple into their mouth and allow them to draw it further in. If your baby spits out the nipple, seals their lips, turns their head away or seems distracted they're probably not hungry. You could try to soothe them by talking softly and offering some skin-to-skin contact. They might just want to feel comforted.





Try to find a comfortable and regular environment for feeding. It might help to put a cushion on your lap to support baby and bring them closer to your breast. Avoid distractions during feeding, for both of you. This is a perfect time to talk to your baby and strengthen your bond.

When your baby is feeding, keep eye contact and watch for their cues. Take your time to feed, stopping frequently to wind them. If they seem like they want to stop feeding, take a break. It's important to let your baby feed for as long as they want so they satisfy both their hunger and their thirst. The more your baby drinks, the more milk your breasts produce. If you think your baby still wants more milk and your breast feels empty, you could offer the other breast.





When your baby starts to **show signs** of hunger offer a feed. Typical hunger cues to look out for are waking, tossing, sucking of fists, crying, fussing or if baby smiles or gazes up at you.

The fullness cues to look out for are sealed lips, turned head, slow sucking or stopping completely, spitting out the nipple or falling asleep or a distracted baby. They will let your know when they've had enough.



Responsive bottle-feeding

The concept of responsive feeding

has been integrated into UNICEF's

World Health Organisation. If you are bottle-feeding try and follow

guidelines for bottle-feeding infants,

it is also recognised by NHS and the

The best way to **offer your baby a feed** is to make sure you are both comfortable, make eye contact with your baby and talk gently. If they are upset, try to soothe them with skin-to-skin contact before offering a feed.





our advice below.

Try and make sure only you, your partner or another close family member feed your baby in the early weeks. This helps to establish a strong emotional bond and mutual understanding of signals between your baby and caregiver.

Gently rub the teat over your baby's top lip - this should encourage them to open their mouth. Watch out for hunger cues here. If they open their mouth, place the teat into their mouth and allow them to draw it in further. If they seal their lips, turn their head away or seem distracted, this probably means they are not hungry. You could try to soothe them by talking softly, and offering skin-to-skin contact. They might just want to feel comforted.





Set a **routine** and expectations, but be prepared to be flexible – your baby will let you know when they're hungry. It is quite normal for your baby to **feed little** and often in the first few months.

When your **baby is feeding**, keep eye contact with them and watch for cues. Take your time to feed, stopping frequently to wind them. If they seem like they want to stop feeding, take a small break and offer the feed again after.





Try to find a comfortable and **regular environment** for feeding, ensure you are both comfortable and close in a slightly upright position with minimal distractions.

The **fullness cues** to look out for are sealed lips, turned head, slow sucking or stopping completely, spitting out the teat or falling asleep or a distracted baby. It's fine if they don't finish the feed, they'll know when they've had enough.





When your baby starts to show signs of hunger offer a feed. Typical hunger cues are waking, tossing, sucking on fists, fussing, crying or if baby smiles or gazes at you.

If there's **any feed left** over, throw it away. If you're feeding your baby formula, the feeding tables on the packaging are based on average requirements for baby boys and girls of all different sizes, so it's just a rough guide.



What to remember when responsively feeding



Hungry

Wakes or tosses
Smiles and gazes at caregiver
Sucks on fists
Crying or fussing
Opens mouth while feeding



Full

Is distracted
Slows or stops sucking
Spits out the nipple or falls asleep
Seals lips
Turns head away

IMPORTANT NOTICE: The best way to feed a baby is to breastfeed, as breast milk provides the ideal balanced diet and protection against illness for your baby and also many non-nutritional benefits for both baby and mother. We recommend that you speak to your healthcare professional when deciding on your choice of feeding your baby. Professional guidance should also be sought on the preparation for and maintenance of breastfeeding. If you do choose to breastfeed, it's important to eat a healthy, balanced diet. Infant formula is intended to replace breast milk when mothers choose not to breastfeed or if for some reason they are unable to do so. A decision not to breastfeed, or to introduce partial bottle-feeding, will reduce the supply of breast milk. If for any reason you choose not to breastfeed, do remember that such a decision can be difficult to reverse. Using infant formula also has social and financial implications which must be considered. Infant formula should always be prepared, used and stored as instructed on the label, in order to avoid risks to a baby's health.