

Nipple Confusion

There are some basic mechanical differences between how a baby gets milk from a bottle and how a baby gets milk out of the breast. Giving bottles or pacifiers too young can lead breastfeeding babies to nipple confusion. Baby tries to use the bottle-feeding technique on the breast and has difficulty latching-on and sucking. Baby gets very frustrated and so does mother. Nipple confusion can even lead to baby refusing to breast.

To get milk from the breast, baby must coordinate tongue and jaw movements in a sucking motion that's unique to breastfeeding.

- When baby latches onto the breast, he opens his mouth wide and draws the very stretchable nipple and areolar tissue far back into his mouth.
- The tongue holds the breast tissue against the roof of the baby's mouth while forming a trough beneath the nipple and areola.
- The gums compress the milk sinuses underneath the areola (the pigmented area around the nipple) while the tongue rhythmically "milks" the breast with a wave-like motion from front to back, drawing the milk from the areola and the nipple.
- Since the nipple is far back in baby's mouth, it's not compressed by the gums, so it's less likely to get sore.

Babies suck from a bottle entirely differently. Thanks to gravity, milk flows from a bottle so easily that baby does not have to suck "correctly" to get milk.

- He doesn't have to open his mouth as widely or correctly turn out the lips to form a tight seal.
- The bottle nipple does not need to be far back into the mouth, nor is the milking action of the tongue necessary.
- Baby can lazily gum the nubbin of the rubber and suck with only his lips.
- When the milk comes out too fast, baby may thrust his tongue forward and upward, to stop the flow from the nipple.
- Milk keeps coming during feedings from bottles - whether or not baby sucks - so there are no pauses to rest during bottle-feedings.

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Problems occur when babies apply the lessons learned from bottle-feeding to nursing at the breast. When you compare the illustration of sucking at an artificial nipple with the illustration of sucking at the breast, you will see that if baby sucks from the breast the same way he does the bottle, the tongue and the gums will traumatize mother's nipple.

- Babies who get bottles soon after birth may thrust their tongue upward during sucking and push the breast nipple out of their mouth.
- They don't open their mouths wide enough when latching-on, so they suck only the tip of the nipple. They don't get enough milk and mother's nipples get sore.
- Baby becomes accustomed to the immediate flow of milk that comes from the bottle; at the breast, babies have to suck for a minute or two to stimulate mother's milk ejection reflex and get the milk flowing.

Does this mean that bottle-feeding is easier than breastfeeding? Yes and no. Bottles require less sucking finesse and less effort. However, studies comparing premature infants during bottle-feedings and during breastfeedings have shown that breastfeeding is actually *less stressful*.

- Baby's breathing and heart rate are more stable during feedings at the breast.
- Babies have more control over the milk flow and can establish a more regular rhythm of sucking, swallowing and pausing.
- Feeding at the breast also requires less energy.

PREVENTING NIPPLE CONFUSION

It is easier to prevent nipple confusion than to fix it - though it is a problem that can be solved, should it occur. Breastfed babies should not be given artificial nipples during the first three to four weeks when they are learning and perfecting their breastfeeding skills. Avoiding artificial nipples means avoiding pacifiers as well as bottles. Supplements, if medically necessary, can be given in ways that don't involve artificial nipples.