How is Infant Feeding Behavior Different in Nursing Infants?

The Pace

Infants nurse most successfully when allowed to feed on demand. Infants feed unevenly within each 24 hour period, though overall young babies usually nurse 10-12 times per day. This frequency may change later, once solids (baby food) are introduced.

Cluster Feeding

Most infants cluster feed in the first six weeks of life. This means that babies will feed hourly for a 3-6 hour segment of the day. Mothers may misinterpret their babies' constant feeding behavior during this period of the day, unless the cluster feeding behavior is explained to them.

Timed Feedings

Timed feedings are counterproductive. Babies feed most successfully when they detach from each breast on their own. Some babies may feed 5 minutes on a breast while others may actively nurse for 25 minutes. That said, a few babies love to stay attached to the breast after they are done feeding. Moms can determine if a baby who remains attached to the breast toward the end of the feeding is no longer drinking. The mother will no longer visualize sequential gulping movements (movements under the chin followed by movements along the anterior neck). The mom has the option of gently detaching the infant at that point. Infants who protest detachment will often accept sucking on a parent’s 5th finger.

Behavior During Growth Spurts

Nursing babies experience growth spurts at 3 weeks, 6 weeks and 3 months of age. While experiencing a growth spurt, an infant feeds nearly hourly over a 48 hour period. This period is followed by a day of increased rest. A parent who is unaware of nursing infant growth spurts frequently comes to the erroneous conclusion that something has gone wrong with breastfeeding. Make parents aware of this upcoming feeding behavior at their initial visit and well visits. This will prevent unnecessary anxiety. Reassure them that the breasts will supply enough milk during the spurt.

Night Feedings

Though some breastfed infants sleep through the night as they become older, others will continue nursing during the middle of the night. This is a normal feeding pattern. Though this is frustrating for parents, it is important for them to know that this feeding pattern does not signify a problem with milk supply or behavior. It is equally important
to remind them that by breastfeeding, the infant and mother receive long-lasting health benefits that are not available in any other way.

Some coping strategies include keeping the infant next to (but not in) the parent’s bed for easy access. For infants over 4 weeks of age, some mothers will pump breast milk earlier in the day and then have another family member give one of the night feedings. This can be administered via bottle or by finger feeding the infant using a syringe and tube device.

**Distraction While Nursing**

At 4 months of age, some babies become distracted while nursing. Parents should understand that this is a normal behavior. This is handled by nursing in a dark room and minimizing distractions. Parents appreciate receiving a "heads up" about this upcoming behavior at the 2 month well visit.

**Biting**

Occasionally, some older infants and toddlers may bite the breast. The mother should try not to react to the bite (though admittedly, this is easier said than done). Instead, she should calmly press the baby’s nose into the breast in order to cause release of the nipple. Then she should calmly but firmly say “no”. The baby should not be returned to the breast until the next feeding. The following preventative measures should be taken when an infant bites the breast:

- Don’t allow the infant to playfully bite other parts of the mother’s body because the baby cannot distinguish between where he can and cannot bite
- Offer the teething child a teething ring
- Remove the infant from the breast once it appears that he is finished feeding because he is more likely to bite at the end of feeding
- The mother should try to direct her undivided attention to the infant while breastfeeding

**Nursing Strikes**

Some older babies will experience a nursing strike, where they abruptly stop nursing for no obvious reason. This problem usually affects infants over three months of age, and should be distinguished from infant-lead weaning from the breast. Infant-lead weaning usually occurs at or beyond one year of age, ends in a more a gradual fashion, and is not apparently stressful to the infant.
Though the etiology of a nursing strike may not be apparent, and is sometimes never known, nursing strikes can be associated with the following events:

- Illness, sometimes including mouth sores
- Teething
- Separation of mother and infant
- Emotional distress from a mother’s strong reaction to being bitten
- Family discord, including shouting, while nursing
- A change in the taste of breast milk or of the breast skin, such as after vigorous exercise, a recent episode of maternal mastitis, maternal ingestion of certain medication, topical application of creams, or use of a new soap
- The occurrence of a major developmental milestone, such as crawling or walking
- Increased use of bottles or pacifiers
- A major change in routine
- A decrease in milk supply
- Pain that gets exacerbated in a certain nursing position (i.e. from an injury or a shot)
- Frequent interruptions or distractions

Nursing strikes usually last a few days. Mothers may misinterpret this behavior as a cue that a baby has weaned from the breast; however, a baby can frequently be coaxed back to the breast. Mothers should consider the following:

- A baby is more likely to accept the breast when slightly drowsy or slightly hungry
- Mothers should not force nursing, as this may cause further rejection. Offer the breast often but gently
- Drip breastmilk on the corner of the mouth, using a syringe filled with breast milk, while the infant is at the breast
- Don’t replace feedings with infant formula or extra baby food; instead, pump breast milk. As long as the baby has 6 or more wet diapers a day, he is adequately hydrated
- Skin to skin contact between mother and infant, encourages infants to nurse.
- Allow the infant to initially suck on a finger. This will help him to remember how to appropriately move his tongue.
- Some babies will latch onto the breast if soothed with movement (i.e. swaying or rocking)
- A mother should pump her breasts frequently to maintain supply. While the infant is not directly nursing, breast milk can be given, preferably via syringe feeding, cup feeding or nursing supplementer
- Change his nursing position, if pain from trauma or a shot is suspected
- Nurse in an area that is free of distraction
- If the infant has a cold, consider using a cool mist humidifier and nasal saline in the nose, so that the baby can nurse more comfortably. Positioning the baby’s body at an angle may also help him to nurse more comfortably
• If teething is suspected, consider a pain reliever, such as acetaminophen. Teething materials, such as a teething ring or a cold wet washcloth, is also helpful.
• If there is still difficulty, the use of skin to skin contact, along with the use of a nursing supplementer taped to the breast or to the mother’s finger (to finger feed the baby), may help coax the baby to the breast.

**Summary**

Given that 75% of mothers initiate breastfeeding in the United States, primary care physicians will be asked about the feeding behaviors of nursing infants. The strategies outlined above will help parents get through the challenges that they may encounter.