

Finger Feeding Method: A Case Report

Parmakla Besleme Yöntemi: Olgu Sunumu

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ABSTRACT

Introduction: Although it is known that the ideal way of feeding babies with breast milk is from the breast, some babies face challenges in breastfeeding. In these cases, the use of alternative feeding methods such as cup feeding, supplementary feeding system and finger feeding instead of bottles helps to ensure the continuity of breastfeeding. In this paper, two cases fed with finger feeding are presented.

Case presentation: The first case: A 35-week-old preterm baby was brought to a hospital with the complaint of not sucking when she was 5 days old. The baby, who was born by cesarean section and whose physical examination was unremarkable, was fed with bottle-fed milk and formula. The mother was recommended to have skin-to-skin contact, pumping every three hours, and feed the child with finger feeding. The baby, who was finger fed for five months, started to suckling at night. The baby, who was fully breastfed at 6 months of age, continued to receive breast milk with complementary feeding until 27 months of age.

The second case: Term infant that was admitted on postpartum day three due to failure of sucking. His physical examination showed no pathological findings other than lip and tongue-tie. At four-months postpartum, the infant was operated on for tongue-tie and was finger-fed for a total of nine months. The mother of the baby, who still did not start to breastfeed, decided to continue with the bottle. The baby was fed with breast milk for a total of twenty months.

Conclusion: Finger feeding is one of the alternative methods in relactation. When alternative feeding methods are necessary, it will be helpful in breastfeeding for mothers to be informed about finger feeding by health professionals.

Keywords: Breastfeeding, Breast Milk, Finger Feeding, Infant, Relactation

ÖZ

Amaç: Bebekleri anne sütü ile beslemenin ideal yolunun emzirme olduğu bilinmekle birlikte, bazı bebekler anne sütü ile beslenmede zorluklarla karşılaşmaktadır. Bu durumlarda biberon yerine kapla besleme, emzirme destek sistemi ve parmakla besleme gibi alternatif besleme yöntemlerinin kullanılması emzirmenin devamlılığının sağlanmasında önemli faktörlerden biridir. Bu yazıda uzun süre parmakla besleme yöntemi ile beslenen iki olgu sunulmuştur.

Olgular: Birinci olgu; sezaryenle 35 haftalık doğan prematüre bebek 5 günlükken emmeme şikayeti ile getirildi. Fizik muayenesinde özelliği olmayan bebek biberonla sağlanmış anne sütü ve formula ile beslenmekteydi. Anneye ten teması, üç saatte bir sağım ve bebeği parmakla besleme yöntemi ile beslemesi önerildi. Beş ay boyunca parmakla beslenen bebek geceleri emmeye başladı. Altı aylıkken yalnız anne sütü ile beslenmeye başlayan olgumuz 27 aylık olana kadar tamamlayıcı beslenme ile anne sütü almaya devam etti.

İkinci olgu; emmeme nedeniyle polikliniğe getirilen üç günlük term bebeğin fizik muayenesinde dudak ve dil bağı dışında patolojik bulgu yoktu. Dört aylıkken dil bağı nedeniyle opere edilen bebek toplam dokuz ay boyunca parmakla besleme yöntemiyle anne sütü aldı. Annesinin isteğiyle biberonla beslenmeye geçilen bebek yirmi aylık olana kadar sağlanmış anne sütü ile beslendi.

Sonuç: Parmakla besleme yöntemi, relaktasyonda alternatif yöntemlerden biridir. Sağlık çalışanlarının anneleri, alternatif besleme metotları gerekli olduğu durumlarda parmakla besleme yöntemi hakkında bilgilendirmesi anne sütü ile beslenme konusunda yardımcı olacaktır.

Anahtar Kelimeler: Anne Sütü, Emzirme, Parmakla Besleme, Sütçocuğu, Relaktasyon

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INTRODUCTION

Positive short-term and long-term effects of breastfeeding on infants physical and mental health are well known (1,2). Breastfeeding serves as the gold standard nutrition for infants' first months of life. However, some maternal and infantile physical and functional anomalies may prevent infants from breastfeeding (3). If an infant doesn't suckle, physiologically similar alternative methods other than baby bottles should be used for transitioning into breastfeeding (4). Finger feeding has been used as an effective method of infant feeding for years (5). Studies show that finger feeding eases the transition into breastfeeding, improves sucking and breathing coordination and enhances the discharge interval (4). In this paper, two cases of infants that were finger-fed for a long duration of time are presented.

Case presentation:

Case 1:

A 35-week-old preterm baby was brought with the complaint of not sucking when she was 5 days old. A physical examination of the baby who was born by cesarean section was unremarkable. Cup feeding, finger feeding, or spoon feeding were recommended for the baby who refused to be breastfed from birth and was fed with bottle-expressed milk and formula. The mother, who started to feed her baby with the finger feeding method, was recommended to make frequent skin-to-skin contact and to breastfeed the baby at every opportunity. In the follow-up performed every 2-3 days, it was determined that the baby gained weight between 20-30 grams per day, the mother's sense of self-efficacy was intense, and the support of her friends and family was available. The baby, who was finger fed for five months, started to suckle at night. The baby, who was exclusively breastfed at 6 months of age, continued

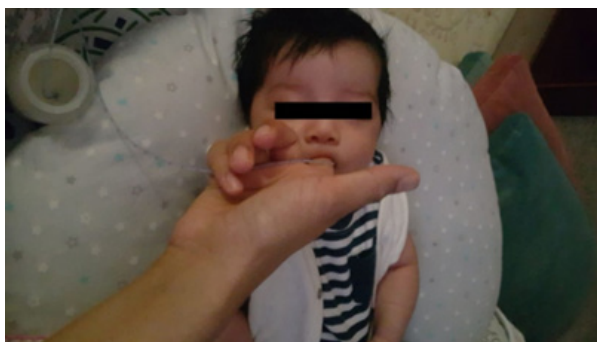


Figure 1: Our first case (Picture was taken and shared upon family's approval)

to breastfeed with complementary feeding until 27 months of age (Figure 1).



Figure 2: Our second case (Picture was taken and shared upon family's approval)

Case 2:

A full-term male infant, whose birthweight was 3670 grams, with a healthy mother was brought to the inpatient clinic on day-3 postpartum due to crying and feeding problems. The infant was not latching, and his physical examination didn't show any remarkable findings other than Cotlow Classification Type 3 tongue-tie and lip-tie. The baby started being finger-fed by expressed breastmilk. The mother was advised to have frequent skin-to-skin contact and try to breastfeed the baby at every chance. In the 4th month of life, the baby that hadn't been able to breastfeed was operated on for his tongue-tie after a consultation from the Ear, Nose and Throat Department. The baby, which had never been breastfed, weighed 8790 gr (50-75 p) when he was 6 months old. The infant, who was finger-fed until he was 9 months old, had been bottle-fed with expressed breastmilk until 20 months postpartum (Figure 2).

DISCUSSION

Finger feeding is a supportive feeding method that is used during the transition to breastfeeding when the baby cannot be breastfed. Finger feeding enhances breathing and swallowing coordination, coordinates sucking rhythm and eases latching

for infants with oral dysfunction, and newborns with weak sucking reflexes (6,7).

Finger feeding also shortens hospital discharge and relactation intervals, enhances infant comfort and mothers' breastfeeding performance, enables infant feeding when mothers are not present, encourages other family members' involvement with feeding and accelerates infants' weight gain (4). Our infants, who were finger fed with expressed breastmilk by family members other than their mothers, such as their grandmothers or fathers, showed adequate weight gain.

Finger feeding is reported to be more effective than alternative methods such as cup feeding, bottle feeding and syringe feeding (4,8). Karabayır et al., in their study, found that relactation was successful in 73.4% of the cases fed with finger feeding (9).

Kultursay et al. reported that finger-fed infants have significantly lower stress scores, shorter hospital discharge times and relactation intervals, and more weight-gain compared to their syringe-fed peers. The study showed that finger-fed infants started to be breastfed on day 19.4 while the other group started to be breastfed on day 29.7 (4). Our first case was finger fed with expressed breastmilk for 5 months, whereas our second case was finger fed with expressed breastmilk for 9 months and both showed adequate weight gain.

The success of relactation is affected by maternal motivation, nipple arousal, family support (especially of fathers) and medical personnel (10). Long-term follow ups and long periods of material preparation may decrease maternal motivation. This study shows that nurses report the biggest factor of demotivation for finger feeding as material preparation (11). The support of medical personnel, spouses and other family members towards mothers increases the success rate of the procedure. The success of relactation correlates with infant age and the duration of the non-lactative period. The success rate is reported to increase if the baby is younger than 2 months of age, whereas the rate decreases to 60% if the baby is older than 4-months-old (12).

Our cases, which started being finger-fed in the early periods of their lives and continued to be finger-fed until 5 and 9 months of age, indicate that mothers and families had high motivation and compliance. It has been reported that tongue-tie may hinder breastfeeding. Studies show that frenotomy enhances sucking for most infants with tongue-tie, decreases nipple pain for mothers and increases breastfeeding time (13,14). However, no other significant benefit of frenotomy was reported (15). In our case, the tongue-tie operation had no positive effect on breastfeeding.

As a result, there are many factors that affect the success of relactation. The baby's age, the mother's motivation, the support of the health personnel, and the duration of the lactation gap are among these factors. The finger feeding method is one of the methods that make it easier for babies to suckle from the breast. It is of great importance that health personnel inform and support mothers about finger feeding

when alternative methods other than breastfeeding are needed. The duration of the usage depends on the motivation of the mother and the family. There is a need for more comprehensive studies on the effects of alternative feeding methods on the relactation process.

Informed Consent: Written consent was obtained from the participants.

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