HEALTH BASICS

Bottle-feeding

Bottle-feeding means giving a baby expressed milk or infant formula from a bottle.

WHAT IT IS
Feeding a baby milk through a bottle

WHERE IT COMES UP
Expressed milk, infant formula, combination feeding, or caregiver feeding

WHY IT MATTERS
Provides nutrition and fluids while shaping feeding safety

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Pediatrician, family doctor, midwife, health visitor, or feeding specialist

HOW IT IS CHECKED
Growth, wet diapers, and an observed feed

Overview

Bottle-feeding means feeding a baby through a bottle with a nipple, also called a teat. The bottle may contain expressed breast milk, infant formula, or a combination of the two.

Bottle-feeding is not a disease or diagnosis. It may be used for every feed, for some feeds, or for a limited period. Families choose it for many personal, medical, and practical reasons.

Safe bottle-feeding involves more than choosing a bottle. Milk must be stored or prepared correctly, feeding equipment must be cleaned, and the baby needs to be held and watched throughout the feed.

Infant formula is designed to meet a baby's nutritional needs when used as directed. Homemade formula is not a safe substitute because its nutrient and salt content may be unsuitable or inconsistent.

How it works

Babies suck on the bottle nipple, pause to breathe, and swallow the milk. The nipple's flow rate affects how quickly milk enters the baby's mouth. A flow that is too fast may cause coughing,

leaking milk, or difficulty keeping up. A flow that is too slow may make feeding tiring or frustrating.

Hold your baby fairly upright, with their head and neck supported. Keep the bottle angled so that milk fills the nipple without pouring too quickly. Never prop the bottle or leave a baby feeding alone.

Responsive feeding means watching the baby's cues instead of expecting a fixed amount at every feed. Early hunger cues can include bringing hands to the mouth, turning toward touch, or becoming more alert. Crying is often a later cue.

During the feed, allow pauses. A baby who slows down, turns away, relaxes their hands, pushes the nipple out, or falls asleep may be finished. Do not force them to empty the bottle.

For powdered formula, follow the product label exactly. Measure the water first, then add the stated amount of powder. Adding extra powder can make the feed too concentrated. Adding extra water can reduce nutrition and disturb the baby's salt balance.

Powdered infant formula is not sterile. Babies younger than 2 months, babies born prematurely, and babies with weakened immune systems may need extra preparation precautions or sterile ready-to-feed formula. Ask their healthcare team which method to use.

Never heat a bottle in a microwave. Microwaves can create hidden hot spots that burn a baby's mouth. If warming is wanted, place the bottle in warm water and test the temperature before feeding. Milk does not need to be warm if the baby accepts it cool or at room temperature.

Formula left in a bottle after feeding should be discarded because saliva allows bacteria to grow. Storage rules for expressed breast milk differ from formula rules, so label containers and follow the correct guidance for what is inside.

Why it matters for your health

For a baby, the main goals are enough nutrition and fluid, steady growth, and a safe feeding experience. The amount taken at one feed can differ from the next. Growth over time, wet diapers, alertness, and feeding behavior are more useful than comparing one bottle with another baby's bottle.

Bottle-feeding can also let another caregiver take part in feeding. Holding the baby close, making eye contact, speaking softly, and responding to pauses can support comfort and connection.

Feeding technique matters because babies need to coordinate sucking, swallowing, and breathing. A slower, responsive approach may help a baby control the pace. It also helps

caregivers notice when the baby needs a break or has had enough.

Once teeth appear, regularly putting a baby to bed with a bottle can increase the risk of tooth decay. Milk can remain around the teeth for a long time. A bottle should not be used as an unattended sleep aid.

Routine health visits are an opportunity to review growth and feeding. A clinician may watch a feed if there are concerns about nipple flow, swallowing, positioning, or the time feeds take.

What can go wrong

Incorrect preparation can cause problems. Formula made with too much or too little water may lead to inadequate nutrition, dehydration, or an unhealthy salt balance. Contaminated water, unwashed hands, or poorly cleaned equipment can cause gastrointestinal infection, meaning an infection of the stomach or intestines.

Choking happens when the airway is blocked. Aspiration means milk enters the airway or lungs instead of the food pipe. Repeated coughing, gagging, noisy breathing, or breathing difficulty during feeds deserves medical assessment, especially if it happens often.

Some babies have feeding problems related to reflux, a cleft palate, heart or lung conditions, swallowing disorders, or cow's milk protein allergy. Bottle-feeding does not cause these conditions. Possible signs can overlap with common baby behavior, so they cannot be confirmed from feeding symptoms alone.

Poor intake may contribute to dehydration or poor weight gain. Arrange prompt medical advice if your baby is taking much less than usual, has clearly fewer wet diapers, repeatedly vomits feeds, seems unusually sleepy, or is difficult to wake.

Seek urgent medical care for green vomit, blood in vomit or stool, signs of severe dehydration, persistent breathing difficulty, or a fever in a young infant. Local advice about fever thresholds and where to seek care may differ.

Call emergency services if a baby cannot breathe, cry, or cough; turns blue, gray, or very pale; becomes limp; or is unresponsive. Begin infant choking or resuscitation first aid if you are trained to do so.

Less urgent concerns include feeds that are regularly stressful, very long or unusually brief feeds, frequent nipple collapse, ongoing coughing, or uncertainty about growth. These can be discussed at a routine appointment unless the baby is also unwell.

What you can do

Use feeding equipment designed for infants. Check bottles and nipples for cracks, tears, discoloration, or damage. Replace damaged parts.

Wash your hands before preparing a feed. Take bottles fully apart for cleaning, including nipples, collars, valves, and caps. Clean and sanitize them according to local public health guidance and the manufacturer's instructions.

You can also:

Ask which formula is appropriate before using a specialty product for allergy, reflux, prematurity, or another medical need. Do not add cereal, medicine, or other substances to a bottle unless a qualified clinician has given specific instructions.

There is no test for "successful" bottle-feeding. If your baby is feeding comfortably, growing as expected, and producing their usual wet diapers, nothing extra may be needed beyond routine health visits.

- Follow formula label measurements exactly
- Write the preparation time on bottles stored for later
- Keep expressed milk and formula clearly labeled
- Record feeds and wet diapers if intake is a concern
- Ask for an observed feed if swallowing or flow seems difficult
- Learn infant choking first aid from a recognized training service

Common questions

How much should my baby drink?

There is no single amount that suits every baby or every feed. Age, body size, growth, health, and whether the baby also breastfeeds all matter. Follow hunger and fullness cues and discuss growth at routine visits rather than pressuring the baby to finish a bottle.

Does every baby need to burp?

No. Some babies swallow more air than others. You can offer a pause and hold the baby upright, but a burp does not always happen.

Can I save an unfinished bottle?

Do not save formula left after a feed. Bacteria from the baby's mouth can enter the milk. Rules for unfinished expressed breast milk are different; follow current local storage guidance.

Can bottles be prepared in advance?

Fresh preparation is preferred when practical. If feeds are prepared ahead, refrigerate them promptly and follow the formula label and public health storage limits. Never use a bottle that has been left out longer than recommended.

Does bottle-feeding affect bonding?

A bottle does not prevent bonding. Holding your baby close, switching sides, making eye contact, and responding to their cues can make feeding a calm, connected experience.

When can a baby stop using bottles?

Babies usually begin learning to drink from an open or free-flow cup when complementary foods are introduced. The timing of fully leaving bottles may depend on development and local guidance. A pediatric or primary care service can help if the transition is difficult.

Sources

- Centers for Disease Control and Prevention: Infant Formula Preparation and Storage
- Centers for Disease Control and Prevention: How to Clean, Sanitize, and Store Infant Feeding Items
- NHS: Bottle feeding advice
- NHS: How to make up baby formula
- World Health Organization and Food and Agriculture Organization: Safe preparation, storage and handling of powdered infant formula-guidelines
- American Academy of Pediatrics, HealthyChildren.org: Amount and Schedule of Baby Formula Feedings