

Taichung Armed Forces General Hospital Leaflet of Inpatient Nursing Instructions

嬰兒配方奶哺餵之護理指導

Sir/Lady:

Nursing Instructions for Infant Formula Feeding

- I. Purpose: To teach the mother and family the correct method of preparing formula milk if she decides to formula-feed after she has been fully informed about breastfeeding.
- II. Precautions:
 - (1) Choosing a formula: Formula milk is not a completely sterile product and may contain bacteria that may cause serious illness in babies. You should choose formula products that have been tested and approved by the Ministry of Health and Welfare, preferably those that are commonly available and well-known in the market. To ensure the freshness of formula, it is best to buy small-sized bottles and pay attention to the expiration date.
 - (2) Choosing a nipple: For premature infants and newborns with weak sucking strength, a soft, medium-sized nipple with a round hole is ideal. A cross-shaped nipple does not allow milk to flow out when the bottle is inverted, and is suitable for babies with strong sucking ability or large babies. The size of the nipple hole should allow the milk to drip down one drop at a time when the bottle is inverted, with a flow rate of about one drop per second.
 - (3) Preparing formula:
 1. When preparing the formula, pay attention to the instructions on the can. Highly concentrated formula may lead to diarrhea and increase the burden on the kidneys, and over-diluted formula can cause nutritional imbalance and constipation.
 2. Wash your hands thoroughly with soap before preparing the formula.
 3. Pour the appropriate amount of water into a sterilized bottle, ensuring that the water temperature is not lower than 70°C to reduce the risk of *Enterobacter sakazakii* infection. Add the correct amount of formula, attach the nipple and ring, close the cap, then gently shake the bottle from side to side (do not shake up and down to avoid creating bubbles) until the formula is well mixed. Then drop some of the prepared milk onto the inside of your elbow to test the temperature, to prevent burning the baby's mouth.
 4. Prepared formula should be consumed within 2 hours, as leaving it for too long can promote bacterial growth. Any leftover milk should be discarded. Do not prepare or heat formula milk using a microwave.
 5. Changing formula: When switching to a new formula, use a mixture of the old and new formula first. On the first day, use half of the old formula and half of the new formula, then observe the baby's stool. If there is no diarrhea or vomiting, use 1/3 old formula and 2/3 new formula on the second day. If the stool remains normal, you can begin using only the new formula on the third day.
 6. To increase the milk volume, it is recommended to add 5-10 ml at a time, and wait for 4-6 feedings before the next addition. However, you should observe the baby's bowel movements and check for any signs of bloating or vomiting.
 - (4) Feeding method: Before feeding, wash your hands thoroughly with soap, then hold the baby. While feeding,

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elevate the baby's head to a 45-60 degree angle, and tilt the bottle so that the nipple is filled with milk to prevent the baby from swallowing air, which could cause bloating. Do not let the baby drink milk while lying flat, as this may lead to aspiration pneumonia or otitis media. If you notice that the baby's face turns pale and the area around the nose becomes blue during feeding, immediately stop feeding. Turn the baby's face to one side to prevent aspiration of milk, gently pat the baby's back, and wait for the baby to resume normal breathing and the face becomes rosy before resuming feeding.

- (5) Feeding time: Babies have their own feeding schedule. When the baby appears restless, touches his/her mouth with his/her hand, turns his/her head to one side, and opens his/her mouth, it is likely a sign for feeding. For babies under three months, feed approximately every 2-3 hours; for babies over three months, feed approximately every 3-4 hours.
- (6) Method for burping: It can be done during or after feeding.
 1. Place the baby's head and body in an upright position to slightly rest on the caregiver's shoulder, and use one hand to gently pat or rub the baby's back to help them burp.
 2. Place the baby on the caregiver's lap, support the baby's chest and head with one hand, and use the other hand to gently rub or pat the baby's back to help them burp.
 3. If your baby doesn't burp after you have gently patted him/her for one minute, you can stop. Babies don't always burp or pass gas after every feeding.
- (7) Bottle sterilization: Sterilizing bottles is absolutely necessary for babies under six months. However, for some babies with specific gastrointestinal conditions, doctors may recommend continuing sterilization until the baby is older. You need to prepare 6-8 bottles. Bottles can be sterilized by boiling, steam sterilization, or ultraviolet sterilization.
 1. Boiling:
 - (1) Prepare a dedicated pot, brush, and clean tongs. Separate the bottle, nipple, ring and cap, and wash them thoroughly. First, place the bottle into the water, ensuring that the water covers the bottle. Once the water boils, let it simmer for 10-15 minutes. Then, put the nipple, ring, cap, and tongs in, and boil for another five minutes. Remove and let them air dry.
 - (2) Different bottle materials require different boiling methods. For acrylic bottles, you can wait for the water to boil before placing the bottle in the pot. Glass bottles should be placed in the pot when the water is still cold.
 - (3) Do not rinse the bottle with hot water only.
 2. Steam sterilization:

Place the cleaned bottles upside down in the steam sterilizer and add an appropriate amount of water (approximately 80 c.c.), and proceed according to the instructions for use.
 3. Ultraviolet sterilization:

Place the cleaned bottles and nipples in the sterilizer, and proceed according to the instructions for use.

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If you are still unclear about something or have any questions, please contact the nursing station in the ward