

# INFANT FEEDING: BREASTFEEDING OR BOTTLE-FEEDING

<div>Nutrition</div> <div></div>	<ul style="list-style-type: none"><li>• Good nutrition is very important for infants with epidermolysis bullosa – not only for their healthy growth and development but also for wound healing.</li><li>• Some infants with EB may have blistering in the mouth, which causes difficulties with feeding.</li><li>• Breastfeeding is often possible and can be attempted.</li><li>• Some infants with EB cannot breastfeed properly (blistering inside the mouth or on the tongue, increased pain with feeding or inadequate intake) – these infants will need to be fed with a bottle.</li><li>• Encourage lactation consultation and have occupational therapy to assess the infant.</li><li>• DO NOT force feeding – may lead to trauma or too much liquid intake and lead to vomiting.</li></ul>			
<div>Decrease mouth blisters</div> <div></div>	<ul style="list-style-type: none"><li>• If the infant is breastfed, apply petrolatum (i.e. Vaseline) to the breast nipple and on the infant’s cheek to reduce the skin-to-skin friction.</li><li>• If the infant is to use a bottle nipple or even a soother, moisten the nipple or soother with water.</li><li>• It is important to use a soft nipple to reduce the amount of blistering in the infant’s mouth.</li></ul>			
<div>Nipple examples for bottle feeding</div> <div></div>	<table><tr><td><div>Habermann Nipple</div><div></div><div>X-cut nipple allowing milk to flow only when the infant sucks on the nipple. This reduces the amount of air the infant swallows.</div></td><td><div>Mead Johnson Cleft Palate Nurse</div><div></div><div>X-cut nipple allowing milk to flow only when the infant sucks on the nipple. This reduces the amount of air the infant swallows.</div></td><td><div>Pigeon Feeder</div><div></div><div>Y-cut nipple does not collapse when the infant sucks and fits naturally in the infant’s mouth.</div></td></tr></table>	<div>Habermann Nipple</div> <div></div> <div>X-cut nipple allowing milk to flow only when the infant sucks on the nipple. This reduces the amount of air the infant swallows.</div>	<div>Mead Johnson Cleft Palate Nurse</div> <div></div> <div>X-cut nipple allowing milk to flow only when the infant sucks on the nipple. This reduces the amount of air the infant swallows.</div>	<div>Pigeon Feeder</div> <div></div> <div>Y-cut nipple does not collapse when the infant sucks and fits naturally in the infant’s mouth.</div>
<div>Habermann Nipple</div> <div></div> <div>X-cut nipple allowing milk to flow only when the infant sucks on the nipple. This reduces the amount of air the infant swallows.</div>	<div>Mead Johnson Cleft Palate Nurse</div> <div></div> <div>X-cut nipple allowing milk to flow only when the infant sucks on the nipple. This reduces the amount of air the infant swallows.</div>	<div>Pigeon Feeder</div> <div></div> <div>Y-cut nipple does not collapse when the infant sucks and fits naturally in the infant’s mouth.</div>		
<div>Oral health</div> <div></div>	<ul style="list-style-type: none"><li>• Gently clean the infant’s mouth with a very soft cloth if required.</li><li>• As long as the infant is drinking well, blisters in the mouth can be left alone.</li><li>• Sucking and chewing will cause the blisters to puncture and drain.</li></ul>			
<div>Poor weight gain</div> <div></div>	<ul style="list-style-type: none"><li>• If the infant’s weight gain is poor update the local physician, and the EB team.</li><li>• Infants with poor weight gain may need a referral to a gastroenterologist (GI) to develop a nutritional plan.</li><li>• If the infant is unable to get full nutritional intake by mouth, the GI team may recommend a feeding tube to deliver food directly into the infant’s stomach.</li></ul>			
<div>Useful Websites/links:</div> <ul style="list-style-type: none"><li>• <a href="http://www.swrwoundcareprogram.ca">www.swrwoundcareprogram.ca</a></li><li>• EB Resources, including EB handbook: <a href="https://www.debracanada.org">https://www.debracanada.org</a></li></ul>				

*Disclaimer: Unless stated otherwise, information contained in this document is taken from Epidermolysis Bullosa: A Handbook for EB Patients and Families, Developed by the Section of Dermatology at the Hospital for Sick Children with the Support of DEBRA Canada and Sick Kids Hospital Department of Dermatology EB Expert Team - all content used with permission. This document was created by SWRWCP (August, 2019)*