SECTION 3

# Australian Infant Feeding Guidelines





# Australian Infant Feeding Guidelines



## What are the Infant Feeding Guidelines?

The Australian Infant Feeding Guidelines provide evidence-informed information and recommendations related to feeding infants from birth to around two years of age.[5] They were written in conjunction with the Australian Dietary Guidelines, which provide recommendations for children aged two years and older.

Published in 2012, they are a revision of the 2003 Infant Feeding Guidelines, utilising updated evidence to ensure recommendations were aligned with current knowledge at the time.[5]

## Why were they developed, what are the underpinning intentions?

The Infant Feeding Guidelines were developed by the National Health and Medical Research Council to provide health workers with clear advice around feeding infants. The Guidelines aim to promote and encourage exclusive breastfeeding as the optimal way for babies to be fed until around six months and up to 12 months and beyond. However, they also provide information regarding safe use of infant formula when infants are not breastfed (or partially breastfed), and recommendations regarding the introduction of solid foods.[5]

## How were they developed?

A panel of experts gathered evidence surrounding a variety of infant feeding topics, through a systematic literature review of scientific evidence. A draft of the Guidelines were then released to the public for consultation, with feedback from members of the public taken into consideration for the final version of the Guidelines.[5]

## What are the Infant Feeding Guidelines?

**Name:** Infant Feeding Guidelines: Information for health workers

**Developed by:** National Health and Medical Research Council (NHMRC) in partnership with the Australian Government Department of Health

**Year:** 2012

**Review date:** A minor review was conducted in 2024 following the release of the World Health Organization Guideline for complementary feeding of infants and young children 6-23 months of age.

### Sections

The Infant Feeding Guidelines are primarily organised into three sections covering the main ways infants are fed:

- Breastfeeding
- Infant formula
- Introduction of solid foods

## How the Infant Feeding Guidelines have been adopted and adapted and translated for the ECEC sector

As the Infant Feeding Guidelines were originally developed for health workers (including but not limited to midwives, lactation consultants, and maternal and child health nurses), recommendations in the Infant Feeding Guidelines have been translated into practical information relevant to the ECEC sector.

*Section 3: Based on material provided by the National Health and Medical Research Council*

# Benefits of breastfeeding to the infant

The World Health Organization (WHO) and the Australian Infant Feeding Guidelines recommend that infants be exclusively breastfed for around the first six months of life.[5,17] They also recommend breastfeeding continue until 12 months of age or beyond, for as long as the mother and infant desire.

Every infant is different, and feeding should always take into account how each individual is growing and developing. It is important to acknowledge that some babies cannot be breastfed, for a variety of reasons, and in these cases infant formula is a safe alternative.[5] *See Section 3, page 36*

## Benefits to the infant

Breast milk is uniquely suited to what a newborn infant needs. At birth, many of an infant's body systems, including digestion, immunity, and brain development, are still maturing, and breast milk actively supports this.[5] The nutrients in breast milk are in a form that infants can absorb easily, and regularly adapt to suit the changing needs of the individual infant. This includes a range of protective substances, including specific fats, immune proteins, complex sugars, growth factors, and living cells, all of which play active roles in an infant's development and protection.

Infants who are predominantly breastfed have the lowest rates of illness in their first six months – any breastfeeding provides some protection; partial breastfeeding is better than none.[18]

Breastfeeding supports healthy eyesight, brain and motor development, and better jaw and tooth alignment. It also reduces the risk of a range of health problems (e.g. infection, sudden infant death syndrome [SIDS]).

Breastfeeding also has clear health benefits for mothers and saves families money.[5]

**AUSTRALIAN INFANT FEEDING GUIDELINES**
**1.2.1**

# Supporting breastfeeding in ECEC services

All mothers have a right to breastfeed their infant and their decision to breastfeed their infant should be protected. This section focuses on what a service can practically do to support families who are breastfeeding through the ECEC transition.



## Encouraging and supporting breastfeeding in the ECEC setting

Breastfeeding is one of the most important contributors to a young child's health and development. Many children who attend an ECEC service are at an age where breastfeeding is still part of their everyday life.[5]

ECEC services sit at a critical point in the breastfeeding journey.[19] The environment a service creates, the practical arrangements it puts in place, and the attitudes it models all send a message to families about whether breastfeeding is welcome and valued.

Many mothers return to paid work before they are ready to stop breastfeeding.[19,20] Returning to paid work is one of the most commonly cited reasons that mothers stop breastfeeding earlier than they had planned.[5]The anticipation of going back to work, or actually returning, has a significant impact on a mother's breastfeeding experience. This is due to barriers such as: short maternity leave, inflexible working hours, no paid breaks for expressing milk, no suitable place at work to express and store milk, and a lack of accessible childcare. These factors can cause reductions in breast milk supply, creating more challenges with maintaining breastfeeding.

Because of these barriers, some mothers feel that breastfeeding simply has to stop when they go back to work. This is not true, but it is a common assumption, and one that ECEC services have a role in gently challenging. Starting ECEC does not mean breastfeeding has to stop.

The Australian Breastfeeding Association (link on next page) has further resources to support breastfeeding mothers who are returning to work.

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**QA6**

## How ECEC services can support breastfeeding

For an ECEC service, supporting breastfeeding means making it easy for families who have chosen to breastfeed. Use respectful, non-judgemental language. Every family makes their own feeding choices. Language and attitude should support whatever choice a family has made, without pressure in either direction.

Practical strategies to support breastfeeding families in ECEC include:

- Clearly communicate that breastfeeding is welcome. The idea around this communication is to make it clear that the mother does not need to stop breastfeeding when their infant starts ECEC. This can be done through signs/posters/stickers that breastfeeding is welcome, or through open direct communication with families.
- Ensure staff are educated about service policies and procedures relating to breastfeeding, and are upskilled in supporting mother's who wish to continue breastfeeding.
- If the facilities are available, provide a welcoming, private space. A comfortable, private area where a mother can breastfeed or express milk when she visits the service sends a clear message that breastfeeding is welcome. This does not need to be a dedicated room – a comfortable chair, a sign, and some privacy, are enough for many mothers.

The way feeding is managed in an ECEC service is part of the Mealtime Environment and Practices module. For infants, this includes how expressed breast milk (or infant formula) is offered, how responsive the educator is during feeding, and what the physical feeding environment looks like.

*See Section 4, page 44*

**NATIONAL QUALITY STANDARD**
**QA2, QA6, QA7**

## Types of specialist support for breastfeeding

ECEC educators are not breastfeeding counsellors and should not offer clinical breastfeeding advice. When a mother is struggling, thinking about stopping breastfeeding, or simply asks what support is available, connecting her with the right person quickly is the most useful thing the service can do.

**Australian Breastfeeding Association**

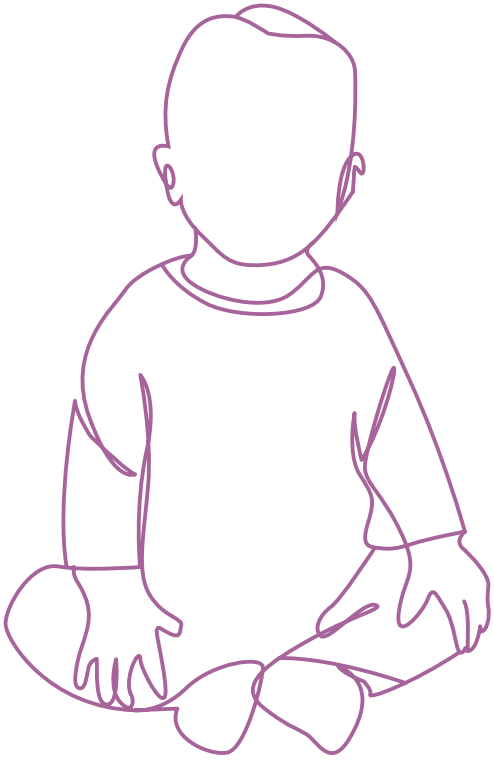
www.breastfeeding.asn.au

For mothers who need clinical assessment or hands-on support, refer to:

- **Australian Breastfeeding Association Breastfeeding Counsellor –** Volunteers able to provide support and offer strategies to resolve breastfeeding challenges
- **Lactation consultant –** Work in hospitals, child health services, or private practices, able to provide complex medical care, hold an International Board Certified Lactation Consultant (IBCLC) qualification
- **Maternal and child health nurse –** Registered Nurses and Midwives, provide help with child feeding, behaviour and bonding
- **General practitioner –** Can provide general support or refer to other services/professionals

**NATIONAL QUALITY STANDARD**
**QA6**





# Expressing and storing breast milk

## Expressing breast milk

Expressing breast milk requires significant time, effort, and planning from mother's and families. The process needs careful timing, sterilised equipment, clean and safe storage and preparation areas, and consideration whilst transporting to ECEC. From an ECEC perspective, it is important to understand and acknowledge the effort it took each mother to express, store and transport breastmilk to the service. In addition, it may be useful to consider breastmilk as a wonderful, living substance.

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**5.1**

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**QA2, QA3, QA7**

## Storage and preparation of expressed breast milk

Expressed breast milk is a food, and like any food it is prone to bacterial growth or contamination if not stored correctly.[21]

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## Receiving and storage

When storing expressed breast milk in an ECEC service, it is important to follow these steps:[5,22]

- Wash hands with soap and water before and after handling bottles or containers containing expressed breast milk.
- Check that expressed breast milk has arrived in a labelled, sealed container.
- Ensure expressed breast milk is correctly labelled with the child's **first name**, **surname**, **date it was expressed**, and **date that it is to be used**, so that the **right breast milk goes to the right child**.

⚠ It is essential that two staff check the name and date on expressed breast milk in the fridge before it is fed to an infant to ensure that the right breast milk goes to the right infant. If an infant has been given the incorrect expressed breast milk, it is important to let the service leader know immediately as the infant may need medical attention.[22]

- Store expressed breast milk immediately in the refrigerator below 5°C.
- Store expressed breast milk in a non-spill tray on the bottom shelf of the refrigerator to ensure it doesn't spill onto any other food in the fridge.
- Expressed breast milk can be stored by families in food grade, BPA-free glass or plastic containers, including sealable plastic bags.[23]

⚠ Gloves are not required when handling expressed breast milk, as long as hands are clean, dry, and the skin is not broken.[21] Although service policies and procedures must be followed, which may specify the use of gloves.

The length of time expressed breast milk can be stored varies depending on whether it is fresh, refrigerated or frozen and thawed. Table 5 over page from the Infant Feeding Guidelines outlines the recommended lengths of time for storing expressed breast milk.

AUSTRALIAN INFANT FEEDING GUIDELINES
**5.3.1**

NATIONAL QUALITY STANDARD
**QA2, QA3, QA7**

### Special consideration

For infants who are premature or unwell, more stringent storage requirements may apply. If a service is caring for an infant with complex health needs, seek guidance from the family's treating clinician or maternal and child health nurse before following routine storage guidance.[5]

## Transporting expressed breast milk to the service

When families bring in expressed breast milk to an ECEC service, it must be transported correctly to reduce the risk of bacterial growth in the milk. Expressed breast milk should be transported to the service in labelled, sterile bottles or containers that have been placed into an insulated container, such as an Esky.[22] The insulated container should be filled with enough freezer bricks to keep the expressed breast milk cold until it is dropped off at the service.

Once at the service, the bottles of expressed breast milk should be checked and re-labelled if necessary and placed immediately into the service's refrigerator.[5]

If frozen expressed breast milk partially thaws during transport, it should be used within 24 hours and must not be refrozen.[23]

Any bottles of expressed breast milk that have not been fed from by the end of the day should be returned to the family or discarded.[22]

AUSTRALIAN INFANT FEEDING GUIDELINES
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**TABLE 5:** *Length of time expressed breast milk can be stored (excerpt from NHMRC Infant Feeding Guidelines, p58)*

| Breast milk status | Storage at room temperature (26°C or lower) | Storage in refrigerator (5°C or lower) | Storage in freezer |
|---|---|---|---|
| **Freshly expressed into sterile container** | 6–8 hours<br>If refrigeration is available store milk there | No more than 72 hours<br>Store at back, where it is coldest# | 2 weeks in freezer compartment inside refrigerator (–15°C)<br>3 months in freezer section of refrigerator with separate door (–18°C)<br>6–12 months in deep freeze (–20°C)* |
| **Previously frozen (thawed)** | 4 hours or less – that is, the next feeding | 24 hours | Do not refreeze |
| **Thawed outside refrigerator in warm water** | For completion of feeding | 4 hours or until next feeding | Do not refreeze |
| **Infant has begun feeding** | Only for completion of feeding<br>Discard after feed | Discard | Discard |

* Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

# In ECEC services, expressed breast milk sent from home will typically arrive already refrigerated. The 72-hour refrigerator limit applies from the time of expression, not the time of arrival at the service. Ask families to label containers with the date and time of expression so educators can check this on arrival.[21]



## Thawing, preparing and warming expressed breast milk

### Thawing frozen expressed breast milk

Frozen expressed breast milk can be thawed slowly overnight in the refrigerator or thawed quickly by placing the sealed bottle or bag in a bowl of warm water. As the water cools, add a little more warm water and keep moving the container until the milk is fully liquid.[24]

Do not leave frozen expressed breast milk to thaw at room temperature.[24]

Once thawed in the refrigerator, expressed breast milk can be stored for up to 24 hours in the fridge or used at room temperature within 4 hours. It must not be refrozen.[5]

### Warming expressed breast milk

To avoid the growth of bacteria, bottles of expressed breast milk **must only be heated once** and never be re-cooled and then reheated.[21]

Warming expressed breast milk in a container of warm water for 15 minutes or less is the preferred method of heating. Before feeding to an infant, check the temperature of the milk. This can be done by using a calibrated thermometer, or by dripping some onto your wrist, making sure it is about body temperature or slightly cooler. Warming milk in the microwave is not recommended as the risk of scalding the infant is too high due to the uneven heating of the milk.

### After the feed

Discard any warmed expressed breast milk that has not been used at the end of a feed. **Expressed breast milk must not be frozen or heated more than once**.[5]

Some families send more EBM than an infant needs at a single feed. Warming small amounts and preparing more only if needed reduces waste.[25] Once an infant has begun feeding from a bottle, any remaining milk must be discarded after the feed.

### If expressed breast milk runs out during the day

If an infant needs more milk before the family arrives and expressed breast milk has run out, contact the family as soon as possible. The mother may be able to come in sooner or arrange for more milk to be sent. For young infants not yet having solid foods, water is not an appropriate substitute for breast milk or formula.[25]

For additional information on storing expressed breast milk, utilise the following resources:

- NHMRC (2012) Infant Feeding Guidelines
- NHMRC (2024) Staying Healthy: Preventing infectious diseases in early childhood education and care services
- Australian Breastfeeding Association (2023) Carer's guide to the breastfed baby

**AUSTRALIAN INFANT FEEDING GUIDELINES**
**5.3.3**

# Infant formula

## Types of formula

### Infant formula

Infant formulas available in Australia are regulated by the Australia New Zealand Food Standards Code.[26] Infant formula can provide the nutrients an infant requires from 0-12 months of age, and are the only safe alternative to breast milk. Some formulas, such as extensively hydrolysed or amino-acid based formulas are used under medical supervision for infants who cannot digest regular cow's milk-based formula.[5]

### Follow-on formula

Follow-on formulas are designed for babies 6 months and older.[26] However, infant formula is still appropriate from 6 months of age, and there is no evidence that follow-on formula has advantages over infant formula at this age.[5]

### Toddler milks

After 12 months of age, toddlers should be getting all of their nutrition from solid food, with full-fat cow's milk (or alternative milk if necessary) offered as a drink alongside water and breast milk if the mother chooses to continue.

*See Section 4, page 46*

Toddler milks are not recommended under international guidance on infant and young child feeding, and they are not part of Australia's dietary guidance for young children.[5]

However, some toddlers are prescribed limited amounts of toddler milk to fill nutritional gaps by health care professionals. For example, if the child is a selective eater, or to boost nutritional intake after a period of illness.

**AUSTRALIAN INFANT FEEDING GUIDELINES**
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## Preparing infant formula

In most ECEC services, families bring infant formula from home, either as powder to be mixed at the service or as ready-to-feed liquid. Whichever is used, the same food safety rules apply. An infant formula that is not prepared, stored, and warmed correctly puts an infant at serious risk of bacterial infection or scalding.[5] If service policies dictate specific infant formula requirements (e.g. not allowing pre-mixed liquid), this must be clearly communicated with families.

Incorrect preparation is a real risk. The most common mistakes are not washing hands, not sterilising bottles and teats properly, using a microwave to warm infant formula, and not discarding infant formula that has been standing at room temperature for too long. All of these can make an infant seriously unwell.

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**QA2, QA3, QA7**

⚠ Providing formula in it's original tin, labelled with the child's name and date it was opened, is best practice to ensure the safe and appropriate preparation of infant formula at ECEC.

### Before starting

Before preparing a bottle of infant formula:

- Wash hands thoroughly with soap and water.
- Make sure the work surface is clean.
- Use only clean, sterilised bottles, teats, caps and equipment. *See Section 3, page 38*
- Ensure the formula tin is labelled with the date it was opened (the tin should be discarded one month after opening).
- Label the bottle with the child's first and last name and the date it was prepared.[21]

### Correct preparation of infant formula

Infant formula can be correctly, and safely, prepared for infants by following the advice in Table 6.

## Preparing infant formula in advance

Prepare one bottle of infant formula at a time whenever possible. If it is necessary to pre-prepare infant formula, follow the steps below to ensure it is kept food safe.

- Pre-prepared infant formula must be refrigerated at 5˚C
- Pre-prepared infant formula must be used within 24 hours
- Warm pre-prepared infant formula in a container of warm water for a maximum of 15 mins
  - Microwaving infant formula is not recommended as the heating is uneven and there is a risk that the infant could be scalded
- Do not rewarm infant formula that has already been warmed once
- Discard any pre-prepared infant formula after a feed – it cannot be stored
- If preparing bottles for multiple children, wash hands or change gloves between each bottle prepared.

⚠ Families may bring prepared infant formula from home. If they do, it must have been refrigerated before transport and kept cold in transit. Apply the same receiving and storage rules as for expressed breast milk. *See Section 3, page 38*

**TABLE 6:** *Preparation of infant formula (excerpt from NHMRC Infant Feeding Guidelines, 2012)*

| |
|---|
| • Always wash hands before preparing infant formula and ensure that infant formula is prepared in a clean area |
| • Wash bottles, teats, caps and knives (e.g. if used to level off the scoop of formula) – careful attention to washing is essential – and sterilise by boiling for 5 minutes or using an approved sterilising agent |
| • Boil fresh water and allow it to cool until lukewarm – to cool to a safe temperature, allow the water to sit for at least 30 minutes (in places with clean water supply which meets Australian standards, hot water urns such as hydroboils are safe to use for formula reconstitution, provided the supply of very hot water has not been depleted) |
| • Ideally prepare only one bottle of infant formula at a time, just before feeding |
| • Always read the instructions to check the correct amount of water and powder as shown on the feeding table on the back of the pack – this may vary between different infant formula brands |
| • Add water to the bottle first, then powder |
| • Pour the correct amount of previously boiled (now cooled) water into a sterilised bottle |
| • Always measure the amount of powder using the measuring scoop provided in the product tin, as scoop sizes vary between different infant formula brands |
| • Fill the measuring scoop with formula powder and level off using the levelling device provided or the back (e.g. flat edge) of a sterilised knife – the measuring scoop should be lightly tapped to remove any air bubbles |
| • Take care to add the correct number of measuring scoops to the water in the bottle – do not add half scoops or more scoops than stated in the instructions |
| • Keep the measuring scoop in the product tin when not in use – do not wash the scoop as this can introduce moisture into the tin if not dried adequately |
| • Place the teat and cap on the bottle and shake it until the powder dissolves |
| • Test the temperature of the liquid with a few drops on the inside of your wrist – it should feel just warm, but cool is better than too hot |
| • Feed infant – any infant formula left at the end of the feed must be discarded |
| • A feed should take no longer than 1 hour – any infant formula that has been at room temperature for longer than 1 hour should be discarded |
| • Infant formula that has been at room temperature for less than 1 hour may be stored in a refrigerator for up to 24 hours (in a sterile container) |
| • Discard any refrigerated feed that has not been used within 24 hours |
| • When a tin of infant formula is finished, throw away the measuring scoop with the tin, to ensure that the correct measuring scoop is used next time |

## Transporting infant formula to the service

Preparing infant formula at the service is preferred, rather than families bringing in pre-prepared infant formula. This is because there is an increased risk of bacterial growth in the infant formula if it has not been stored properly on the journey from home to the service. If it is necessary for families to transport pre-prepared infant formula, Table 7 applies:

Families can also bring sterilised bottles of cooled boiled water and separate infant formula powder to mix at the service. Single-serve sachets of infant formula powder are another option. Always check the manufacturer's instructions.[5]

## Sterilising bottles and equipment

Bottles, teats and lids must be sterilised before every use. Wash all equipment thoroughly in hot soapy water first, then sterilise using one of the three methods below.

This information applies to services which sterilise on their premises. However, some services may opt for families to be responsible for the washing and sterilisation of bottles and equipment, as documented in service policies.

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## Boiling

Boiling is a safe and reliable method of sterilising infant bottles and feeding equipment. Follow the steps outlined in Table 8 to ensure optimal results.

## Chemical sterilisation

Chemical sterilants are an effective alternative to boiling. See Table 9 for guidance.

## Steam sterilisation

Electric steam sterilisers heat equipment using steam in order to kill bacteria that could contaminate feeds.[5] Clean the equipment first before using the electric steriliser and operate using the instructions provided by the manufacturer. The unit turns itself off automatically when complete. Microwave steam sterilisers work on the same principle – follow the manufacturer's instructions.

**TABLE 7:** *Transporting infant formula feeds (excerpt from NHMRC Infant Feeding Guidelines, 2012)*

- Prepare the feed and put in the refrigerator
- Ensure feed is cold before transporting
- Do not remove feed from the refrigerator until immediately before transporting
- Transport feed in a cool bag with ice packs
- Use feeds transported in a cool bag within 2 hours, as cool bags do not always keep foods adequately chilled
- Re-warm at the destination (for no more than 15 minutes)
- If the destination is reached within 2 hours, feeds transported in a cool bag can be placed in a refrigerator and held for up to 24 hours from the time of preparation

**TABLE 8:** *Sterilisation by boiling (excerpt from NHMRC Infant Feeding Guidelines, 2012)*

- Wash bottles, teats and caps in hot soapy water with a bottle/ teat brush before sterilisation
- Place utensils, including bottles, teats and caps in a large saucepan on the back burner of the stove
- Cover utensils with water, making sure to eliminate all air bubbles from the bottle
- Bring water to the boil and boil for 5 minutes. Turn off – do not allow it to boil dry
- Allow the equipment to cool in the saucepan until it is hand hot and then remove it – be very careful if children are present
- Store equipment that is not being used straight away in a clean container in the fridge
- Boil all equipment within 24 hours of use

**TABLE 9:** *Sterilisation using chemicals (excerpt from NHMRC Infant Feeding Guidelines, 2012)*

- Follow the manufacturer's instructions carefully when making up the solution to ensure the correct dilution
- Discard the solution after 24 hours, thoroughly scrub the container and equipment in warm water with detergent and make up a new solution
- Make sure all equipment is made of plastic or glass: metal corrodes when left in chemical sterilant
- Completely submerge everything, making sure there are no air bubbles, and leave it in the solution for at least the recommended time – equipment can be left in the solution until it is needed
- Allow the equipment to drain, do not rinse off the sterilising liquid or there will be a risk of re-contamination
- Store the sterilising concentrate and solution well out of the reach of children

## Infant formula considerations – water quality and contamination

When preparing infant formula, both the quality of water used, and the safety of the formula itself should be considered.

### Fluoride in infant feeding

In general, cooled boiled tap water is safe to use when preparing infant formula. Unopened bottled water (but not sparkling water) can be used, but in most parts of Australia this is not necessary.

Where this might be important is when tap water is not potable, or is not fortified with fluoride, as is the reality in some remote areas. Infants under the age of 6 months do not require a fluoride supplement, however if fluoridation of the water is a concern, services can contact local medical professionals for advice.[5]

## Contamination of infant formula

### Recalls

For services providing infant formula to infants, staying informed about food safety alerts and product recalls, including infant formula can ensure any affected products are not used. Check for current infant formula recalls and food safety alerts.

- Food Standards Australia New Zealand (2026) Australian food recall alerts

### Feeding bottles

Several countries have banned infant feeding bottles made of polycarbonate plastic containing small amounts of bisphenol A (BPA). In Australia, manufacturers and importers of infant feeding bottles placed a voluntary ban on BPA infant bottles. FSANZ additionally evaluated infant feeding bottles in Australia and concluded that BPA levels were very low and did not pose a risk to infants' health.[27]

**AUSTRALIAN INFANT FEEDING GUIDELINES**
**8.6, 8.7**

# Providing expressed breast milk or infant formula



## Providing expressed breast milk or infant formula

### Infant formula requirements during ECEC care hours

The amount of infant formula or breast milk a baby needs depends on their age, size, how fast they are growing and what else they are eating. Babies commonly have 6–8 feeds every 24 hours, but there is **no set amount of food or number of feeds** each baby should have. Different babies drink different amounts of infant formula or breastmilk. Some might have feeds close together and others further apart. Some babies have predictable feeding patterns, whereas other babies change their feeding times and the amount they drink each day.

Although infant formula tins are required to provide a guide about amounts of infant formula to make up and how often to offer a bottle, each baby should be fed according to their needs and hunger cues. It is normal for babies to leave some formula in a bottle at the end of a feed, and for them to drink more some days and less on others. Babies should never be forced to finish a bottle or drink more than they desire.

As a baby eats more solid food, the total amount of bottle feeds they take in a day will decrease. The amount of breastmilk or infant formula will also decrease as a baby starts to drink from a cup instead of a bottle. It is important to focus on hunger and 'had enough' cues throughout the day.

### Using a feeding cup – for both infant formula or breast milk

- For infants over 6 months of age, a feeding cup may be used rather than a bottle for expressed breast milk or infant formula.
- In the ECEC setting, a cup can be a useful option when a baby refuses a bottle or is transitioning away from using a bottle. Some breastfed infants who will not accept a bottle may accept a cup more readily.
- In areas where sanitation and clean water are a problem, cup feeding is a safer option compared to bottle feeding
- Feeding cups containing breast milk or formula should be sterilised up to the age of 12 months. *See Section 3, page 38*

**AUSTRALIAN INFANT FEEDING GUIDELINES**
**8.4**

## Responsive feeding practices for expressed breast milk and infant formula

The aim of every bottle feed, whether the bottle contains expressed breast milk or infant formula, is to create a comfortable, safe experience for the infant and the educator using responsive feeding.

Responsive feeding means responding to an infant's cues rather than aiming to finish a set amount. This includes the infant actively guiding the pace and amount of each feed.

**NATIONAL QUALITY STANDARD**
**QA2, QA5**

## Monitoring an infant's progress

In an ECEC setting, the educator's role in monitoring an infant's progress is to observe, document what happens during the day, and share that information with families.[5] Families are the experts on their own infant. What happens at the service, how the infant is fed, how long the feed took, and how they settled afterwards, is valuable information for the family.

A healthy infant is generally alert and responsive when awake, with bright eyes and firm skin with good elasticity. Changes in alertness, unusual fussiness, or signs that an infant is not their usual self are worth noting and sharing with the family at the end of the day, or sooner if you are concerned. It is not the educator's role to diagnose feeding problems or advise families on what to change at home. If you have a concern, raise it with the family and, if needed, suggest they speak with their maternal and child health nurse or GP.

### Behaviour

After a feed, most infants are content and settled. However, many infants have a period each day, often in the late afternoon or evening, when they want to feed more frequently and will not settle easily. This is a normal feeding pattern, not a sign that the infant is hungry or that something went wrong during the day.

Families who arrive for pickup at the end of the day may arrive during this unsettled period. If an infant is 'fussier' than usual at the end of the day, reassuring the family that this is a common pattern is helpful.

## Expressed breast milk or formula feeding – strategies to adopt



**Contact (including eye contact) is important.**

Hold, cuddle and if appropriate talk to the infant while feeding – ensuring to respond to hunger and 'had enough' cues.



**As much as possible, provide a calm bottle feeding environment.**

For example, reduce noise, clutter, etc.



**For both breastfed and formula-fed infants – it is important to feed according to hunger and 'had enough' cues.**

Examples of hunger cues include mouthing, searching, rooting, flexing arms and legs, and sucking fingers and fists.

Examples of 'had enough' cues include turning away their head, closing their mouth, or becoming distracted.



**There are variations in how much each infant will need**

Follow responsive feeding practices and respond to infants' hunger and 'had enough' cues.



**Signs that all is well include plenty of wet nappies (6 or more across a whole day), consistent (not excessive) weight gain and growth, and a thriving active infant.**



**Be conscious of whether the teat flow is right for the child.**

If feeding looks uncomfortable, the infant is gulping rapidly, pulling away, or there is a lot of milk running from the corners of the mouth, let the family know so they can look at whether the teat is right for their infant.

## Things to avoid



**Never leave an infant to feed on their own (e.g., with the bottle propped up).**[28]

This does not support responsive feeding practices. Additionally, infants propped up to feed by themselves may splutter or choke if the breast milk or infant formula flows too quickly.



**Do not rush the feed, the infant should be given the opportunity to pause if desired before continuing.** [28]



**Never put an infant to sleep drinking from a bottle – this increases risk of choking and dental caries.** [28]

**Some infants have medical conditions affecting their feeding, or complex feeding issues.**

This could include an infant displaying distress during feeding, such as crying or excessive regurgitation. In these cases, advice should be sought from the child's family about how to manage feeds. This may include advice on formula preparation or positioning during and after feeds. Services should support families to seek further assistance if desired, and check-in regularly to ensure practices match what is happening at home.

### Feeding patterns

Feeding patterns include how often a baby feeds, how much they consume at each feed, and how quickly they feed. Every infant has their own feeding pattern, and it changes as they grow. Feeding patterns are not a great indicator of whether a baby is feeding well. What matters is that the baby is content after feeds, is gaining weight consistently, and is showing hunger and 'had enough' cues that are being responded to.

| AUSTRALIAN INFANT FEEDING GUIDELINES | NATIONAL QUALITY STANDARD |
|---|---|
| 3.4 | QA2, QA5, QA6 |

## Bowel actions

What an infant's stool (poo) looks like depends on what they are fed, and it changes as they get older. Understanding what 'average' is helps educators know what is worth mentioning to a family.

### Breastfed infants

A breastfed infant's stools are typically loose, runny, and mustard-yellow, sometimes with small white specks that look like milk curds. They may also occasionally be green or orange.[5] This is completely normal. Runny stools in breastfed infants are not diarrhoea and do not mean anything is wrong; they are simply what a breastfed infant's stool looks like.

Frequent and runny stools can be viewed as a positive sign that the infant is getting enough milk, not a cause for concern. How often stools occur for breastfed infants also varies a lot. Some infants will have a bowel motion after nearly every feed; others may go several days without one. For an infant receiving only breast milk, going several days without a stool is not usually a cause for concern, as long as the infant is otherwise well.[5] If a family is worried, encourage them to speak with their maternal and child health nurse or GP.

Between six weeks and three months of age, the number of bowel motions can decrease, and intervals of a few days between stools become common. If the baby is receiving only breast milk and no other fluid or food, this is not a cause for concern.

Many breastfed infants' strain, grunt, or go red in the face before passing a motion. This can look uncomfortable, but it is a normal response; it does not mean the infant is constipated. Constipation is about whether the stool is hard and dry, not about how much effort an infant makes to pass it. Infants who are exclusively breastfed are rarely constipated. Hard, dry stools are more likely when formula or solid foods are introduced.

### Formula-fed infants

Formula-fed infants generally have less frequent bowel motions than breastfed infants, and their stools tend to be firmer and more formed.[5] Constipation, where stool is hard and dry, is more common in formula-fed infants. If a formula-fed infant is passing hard, dry stools and seems uncomfortable, it is worth letting the family know.

### Observing and documenting bowel actions

While there is a wide range of normal, some things are worth letting the family know about promptly:

- A sudden change from the infant's usual pattern, stools that are much more frequent, much more watery, or that look or smell very different from usual.
- Signs that the infant may be unwell, alongside changes in bowel habits, such as fewer wet nappies, unusual quietness, or an infant who seems harder to rouse than normal.
- Large amounts of blood in the stool, or stool that is a chalky white or pale grey colour.

If any of these are present, let the family know and, if the infant seems unwell, encourage them to seek medical advice. Recording nappy changes during the day, including what the stool looked like, is part of good documentation practice. However, documentation should not involve taking photographs of nappies or their contents. This information helps families track their baby's patterns and gives a useful picture if a health professional needs to be consulted.

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| 3.4.4 | QA6 |

**Reflective questions**

- *How does our service create a welcoming, respectful, and supportive environment for families who choose to breastfeed, express breast milk, or provide infant formula?*
- *How do we ensure that feeding times are viewed as valuable opportunities for connection, learning, and wellbeing, rather than simply care tasks?*
- *How do educators ensure they use respectful, non-judgemental language when discussing infant feeding choices with families, regardless of whether they breastfeed, formula feed, or use a combination of both?*
- *How effectively do we implement responsive feeding practices that follow each infant's hunger and 'had enough' cues, rather than focusing on predetermined feeding amounts or schedules?*