

# INFANT FEEDING DIAGNOSTIC TOOL

This tool is designed to aid you in the diagnosis of infants when mothers present with infant feeding problems. The checklist below can be used as a prompt to help you identify particular infant conditions according to symptoms reported (tick all the WHITE boxes for each symptom that applies).

**Overleaf you will find practical advice to pass on to parents to help manage symptoms.**

<b>SYMPTOMS OF COMMON FEEDING PROBLEMS:</b>	<b>Colic</b>	<b>Constipation</b>	<b>Reflux</b>	<b>CMA</b>	<b>Lactose intolerance</b>
<b>BEHAVIOURAL SYMPTOMS</b>					
Difficulty sleeping					
Poor appetite and lack of energy					
Drawing knees to chest					
Repeated episodes of excessive and inconsolable crying*					
Arching of the neck and back during or after feeding					
Refusing food					
<b>GASTROINTESTINAL SYMPTOMS</b>					
Gastrointestinal cramps					
Abnormally delayed or infrequent passage of stools					
Excessive flatulence					
Pain and/or strain when passing stools					
Vomiting/regurgitation					
Diarrhoea					
Abdominal pain					
Gastrointestinal bloating					
Foul-smelling wind and stools					
Frequent hiccups					
<b>SKIN SYMPTOMS</b>					
Flushed face					
Eczema					
Reddening skin/itchy rash					
Hives					
Swelling					
<b>RESPIRATORY SYMPTOMS</b>					
Wheezing					
Rhinitis					
Anaphylaxis (emergency treatment and admission required)					

\*For three or more hours a day, for at least three days a week, for at least one week

# PRACTICAL ADVICE FOR PARENTS

## COLIC

- Hold the baby during a crying episode
- Take the baby for a walk in its pram or pushchair
- Sit the baby upright during feeds
- Wind the baby after feeds
- Rub the baby's back or stomach gently
- Give the baby a warm bath.

### If breastfeeding:

- Make sure the baby latches on properly – suggest that the mother sees her health visitor or breastfeeding counsellor if she is struggling
- Avoid drinking too much caffeine and eating spicy foods, as these can aggravate colic

### If bottlefeeding:

- Try a 'fast-flow' teat
- Try to stop the baby swallowing too much air during feeds by keeping the bottle upright
- Try changing from a standard infant formula milk to a partially-hydrolysed specialist milk designed for the dietary management of colic, e.g. Comfort milks.

## REFLUX AND REGURGITATION

- While feeding, try to position the baby in an upright position, and try not to lay the baby flat for 30 minutes afterwards
- Try to feed the baby smaller quantities more frequently – avoid overfeeding
- Make sure the baby is winded before, during and after feeds
- If bottlefeeding, check that the teat size is not too big
- Giving milk too quickly can cause regurgitation
- Avoid exposing the baby to cigarette smoke
- Make sure the baby's clothing or nappy are not too tight around the tummy
- If bottlefeeding, offer a trial of a thickened formula for the dietary management of reflux and regurgitation, e.g. Anti-Reflux milks.

## CONSTIPATION

- Gently move the baby's legs in a cycling motion.

### If bottled:

- Give additional cooled, boiled water between normal feeds
- Make sure bottles are made up according to the manufacturer's instructions
- Try changing to a partially-hydrolysed specialist milk designed for the dietary management of constipation, e.g. Comfort milks.

### If the baby is weaned:

- Give plenty of water
- Encourage them to eat fruit
- Don't force them to eat if they don't want to.

## COWS' MILK ALLERGY (CMA)

### If breastfeeding:

- Advise strict exclusion of cows' milk from maternal diet
- Maternal supplementation of calcium (1000mg) and vitamin D (10mcg) daily

### If formula feeding:

- Mild to moderate symptoms - prescribe an extensively hydrolysed formula, such as Aptamil Pepti
- Severe symptoms - prescribe an amino acid formula, such as Neocate
- Explain that these formulas taste different from standard formula milks
- Explain that the baby may get looser, greener stools and reassure that this is normal.

## LACTOSE INTOLERANCE

- Offer the parent advice on dietary management of lactose intolerance, e.g. lactose free milk.

**IMPORTANT NOTICE:** Breastfeeding is best for babies. Infant formula is suitable from birth when babies are not breastfed. Follow-on milk is only for babies over 6 months as part of a mixed diet, and should not be used as a breastmilk substitute before 6 months. We advise that all formula milks be used on the advice of a doctor, midwife, health visitor, public health nurse, dietitian, pharmacist or other professional responsible for maternal and child care. Foods for special medical purposes should only be used under medical supervision. Suitable for use as the sole source of nutrition for infants from birth, and/or as part of a balanced diet from 6-12 months. Refer to label for details.