How to bottle feed a baby correctly

Prepare before offering the bottle

Begin by choosing a quiet moment and making sure you can remain with the baby throughout the feed. Have the bottle ready according to the instructions for the specific milk being offered. When using infant formula, follow the product label and the preparation guidance provided by your healthcare professional or local public health service. A separate discussion of How to prepare formula safely can help with the preparation stage, while this article concentrates on the feeding technique itself.

Check that the bottle, teat, and surrounding equipment are clean and intact. The teat should be securely attached, and the bottle should not be leaking. Test the milk temperature in the way recommended by your local guidance; it should not be hot. Avoid warming a bottle in a microwave because uneven heating can create hot areas. Never add cereal, medication, or another substance to a bottle unless a healthcare professional has specifically instructed you to do so.

Wash your hands before handling feeding equipment or the bottle. Sit in a position that supports your back and leaves both hands available: one to hold the baby and one to control the bottle. A stable chair is preferable to feeding

while walking, reclining deeply, or doing another task. The caregiver should be alert and able to observe the baby's breathing, swallowing, and behavior.

Position the baby securely

Hold the baby semi-upright, with the head and neck supported and the body aligned rather than twisted. The baby's head should be higher than the stomach, and the face should remain visible to you. This position supports coordination of sucking, swallowing, and breathing and makes it easier to notice changes in the baby's signals.

Bring the bottle to the baby rather than stretching the baby's neck or pushing the teat into the mouth. Touch the teat gently to the baby's upper lip and wait for the mouth to open. This gives the baby an opportunity to participate in starting the feed. Once the teat is in the mouth, check that the baby is comfortable and that milk is not spilling continuously from the lips.

Keep the baby's airway unobstructed. Do not feed a baby flat on the back, and do not leave a bottle propped against a pillow or other object. Propped-bottle feeding removes the caregiver's ability to respond to pauses or distress and can increase the risk of choking or prolonged, unregulated milk flow. Stay close, maintain physical contact, and keep watching the baby's face and body throughout the feed.

Use paced bottle feeding

Paced bottle feeding allows the baby to regulate the speed and duration of the feed. Hold the bottle nearly horizontal rather than tipped steeply downward. This limits the effect of gravity and helps prevent milk from pouring rapidly into the mouth. The teat should contain milk, but the bottle does not need to be held vertically.

During the feed, watch for a rhythm of sucking, swallowing, and breathing. It is normal for a baby to pause. Keep the bottle in position for a short pause if the baby remains comfortable, or lower it slightly to reduce milk flow when the baby needs a longer break. You can offer the bottle again when the baby resumes interest. There is no need to hurry a feed or to keep stimulating the baby to continue.

Signs that the flow may be too fast include gulping, coughing, spluttering, milk leaking from the mouth, pulling away, or appearing distressed. If these occur, lower the bottle, allow the baby to recover, and reassess the position and pace. If difficulty continues, stop the feed and seek advice from a healthcare professional. Recurrent coughing, choking, noisy breathing, fatigue, or poor coordination warrants individualized assessment rather than repeated changes made without guidance.

Paced feeding is not a competition to make a bottle last for a particular number of minutes. Feed duration varies. The goal is a comfortable, responsive rhythm in which the baby can pause and communicate.

Follow hunger and fullness cues

Offer a bottle when the baby is calm and beginning to show hunger cues. Early cues may include stirring, hand-to-mouth movements, rooting, opening the mouth, or increased alertness. Crying is a later hunger signal and can make it harder for a baby to organize sucking and swallowing. Calm the baby first if necessary, then offer the bottle when the baby is ready.

During the feed, look for signs that the baby needs a pause or is becoming full. These can include slowing or stopping sucking, relaxing the hands and body, turning the head away, pushing the teat away, closing the mouth, or falling asleep. A baby may take an uneven amount from one feed to the next. A bottle is not a target that must be completed, and a larger volume does not necessarily mean the baby will sleep longer.

When the baby shows fullness cues, stop offering the bottle even if milk remains. Do not coax, distract, or repeatedly reinsert the teat. Respecting satiety cues supports responsive feeding and may reduce the risk of overfeeding. For more detailed discussion of How to avoid overfeeding baby, consider the baby’s overall pattern, healthcare advice, and growth monitoring rather than judging one feed in isolation.

Feeding is also a relationship. Gentle eye contact, a steady voice, and being held close can help the baby feel secure. Different caregivers may use slightly different wording or positions, but they should follow the same basic approach:

observe, pause, and respond.

Burping, finishing, and after the feed

Some babies need to burp during or after a feed, while others do not burp every time. If the baby becomes unsettled, pauses frequently, or appears to have swallowed air, hold the baby upright against your chest or in another supported upright position and gently pat or rub the back. Avoid vigorous movement or pressure on the abdomen. If the baby is comfortable, there is no requirement to prolong the process.

After the feed, keep the baby supported and observe for comfort. Small amounts of milk coming back up can occur, but repeated or troubling symptoms should be discussed with a healthcare professional. Never use bottle feeding to settle a baby who is showing clear fullness cues, and never leave the baby alone with a bottle.

Discard leftover milk according to the instructions for the type of milk used and local guidance. Do not rely on appearance or smell alone to determine whether a prepared feed is safe. For detailed information about How to store formula properly, use the relevant preparation and storage guidance for the product and your region.

When the feed is complete, place the baby in the sleep position recommended by your healthcare professional and national safe-sleep guidance. Feeding and sleep are separate safety considerations; a baby should not be left sleeping with a bottle in the mouth.

Common concerns and when to seek help

It is common for a baby to need several attempts to settle into bottle feeding. A baby may accept a bottle from one caregiver but not another, or may feed differently when tired. Keep the environment calm and avoid repeatedly pushing the teat into the mouth. If the baby consistently refuses feeds, appears unusually sleepy, becomes distressed, or takes very little, contact a healthcare professional for advice.

Ask for feeding support if feeds are persistently very long, if the baby

frequently coughs or chokes, if milk regularly leaks from the mouth, or if the baby seems exhausted during feeding. A clinician can assess oral-motor coordination, positioning, the teat and flow, hydration, weight trajectory, and possible medical contributors. Do not independently thicken feeds, change formula, alter preparation ratios, or use medication without professional direction.

Seek urgent medical care if the baby has significant breathing difficulty, becomes blue or grey, is difficult to wake, has a markedly reduced urine output, or shows other acute signs of illness. A baby who was born prematurely or who has a known cardiac, respiratory, neurologic, gastrointestinal, or developmental condition may require a tailored feeding plan. Follow the plan from the neonatal or pediatric team even when general advice differs.

For parents who are unsure about technique, a health visitor, midwife, pediatric nurse, lactation consultant, or pediatrician can observe a feed and offer practical adjustments. Getting help is not a sign that you are doing anything wrong; feeding is a learned skill for both baby and caregiver.