
STANDARD OPERATING PROCEDURES FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCY IN LEBANON¹

Version 1 – September 7, 2020

CONTEXT

Protecting and supporting breastfeeding in normal situations and particularly in emergencies is key, as breastfeeding protects against the increased risks of illness among infants, ensures safe and optimal nutrition for the baby and provides a comforting environment for both the mother and baby. Exclusive breastfeeding of infants during the first six months, with no introduction of other food or drinks, not even water, is the recommended nutrition, as it meets the nutritional requirements of the infant and provides valuable protection from disease and infection. After 6 months, the infants' requirements increase beyond what is provided by breast milk alone, and therefore infants should receive complementary foods in addition to breastfeeding up to two years and beyond.

Infant and young child feeding practices in Lebanon fall short of recommendations with only 14.7% of infants less 6 months exclusively breastfed² and not more than 13% of infants 6-23 months meeting the minimum acceptable diet³ for complementary feeding. Despite the presence of a National Infant and Young Child Feeding Policy⁴ and a national law (Law 47/2008)⁵ that legislates the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions (the Code), field reports are still showing the occurrence of actions that undermine infant and young child feeding, specifically breastfeeding.

Lebanon has been experiencing civil unrest, a major economic crisis with the collapse of the banking sector coupled with the COVID-19 outbreak and a heavy refugee burden. On top of that, a major explosion occurred at the Beirut Port causing widespread significant damage affecting more than 300,000 households. In this context, calls for infant formula donations from the community have been increasing as well as complaints from mothers who have been affected by the recent explosion dealing with challenges with breastfeeding. Several grassroots initiatives have emerged with willingness to provide support to infants and young children, however they don't have the capacity or are not equipped to follow global guidance for humanitarian aid and therefore minimise harm.

Community capacity has been mobilised including organisations providing support for mothers with difficulties in breastfeeding. There are also efforts to address potential violations via different channels; individuals contacting organisations or other well-meaning individuals to inform them of the Law/Code or organisations providing support to ensure that artificial support is administered in line with the Law. To note that due to the lack of trust in the government, efforts are geared towards dissemination of global guidance rather than the local Law. The [joint statement](#) on IYCF has also been disseminated via different

¹ This SOP is considered as an interim guidance for infant and young child feeding in emergencies in Lebanon. The guidance will be regularly reviewed and updated as needed.

² MICS Lebanon 2009

³ National Baseline Nutrition Survey 2016 (UNICEF)

⁴ [Lebanon IYCF Policy 2018](#)

⁵ [Law 47/2008](#)

platforms. Still, initiatives remain ad hoc and there are no standard operating procedures to organize infant and young child feeding support during the current situation in Lebanon.

PURPOSE

The purpose of this document is to guide and inform national and international agencies responding to the crisis on how to ensure appropriate, timely, and safe infant and young child feeding support for families with pregnant women and infants 0-2 years of age in Lebanon during the aftermath of the explosion that happened on August 4, 2020. The guidance is also adapted for the context of COVID-19 and the economic crisis that the country is experiencing.

COORDINATION

Coordination and monitoring of IYCF activities are carried out under the umbrella of the Ministry of Public Health Infant and Young Child Feeding Committee with support from UNICEF. Activities are coordinated with the Food Security Cluster and Nutrition Task Force.

Baseline indicators:

- # of households with pregnant women and children 0-2 years of age
- # of infants 0-6 months and 6-12 months
- # of infants 0-6 months who are not breastfed
- # of infants 6-12 months who are not breastfed

Indicators to report on:

- # of mothers/caregivers of children 0-23 months receiving at least one counselling session by an IYCF specialist.
- Infants 0-5 months who are not breastfed who have access to Breast Milk Substitutes (infant formula) supplies and support in line with the Code, IFE Operational Guidance's, and Law 47/2008 standards and recommendations.
- # of staff (health and others) receiving at least one-day training on IYCF.

Contact information:

- To reach out to the Nutrition Task Force: coordination.lebanon.nut@humanitarianresponse.info
- To reach out to the Ministry of Public Health Infant and Young Child Feeding Committee: motherchild@moph.gov.lb

OPERATION FOR INFANT AND YOUNG CHILD FEEDING

1. ASSESSMENT OF NEEDS OF INFANTS AND YOUNG CHILDREN

- 1.1. **Outreach:** Households with pregnant women and infants and young children under 2 years of age should be identified as a vulnerable group and prioritized for assistance. Organisations working on the frontline should be able to map and identify this group. Information collected from front-liners feeds into the database of households in need of IYCF support. This activity should be coordinated with organisations doing the mapping/assessments such as the Lebanese Red Cross.

- 1.2. **Simple Rapid Assessment (SRA):** All infants and young children 0-2 years of age should be identified through a rapid assessment via the Simple Rapid Assessment (SRA).

Who conducts the SRA? The SRA should be performed by frontline workers or any other individual or organisation who are trained to conduct the SRA (**Doc A**). The SRA can also be conducted by health care providers.

Where is the SRA conducted? The SRA can be conducted at the household level, community level or within PHCs.

For infants 0-6 months who are not breastfed, mixed fed, don't have age appropriate feeding habits, having breastfeeding difficulties, mothers requesting infant formula, infant or mother is lethargic or ill, or it is the mother's first child will be **referred for Full Assessment (FA)**. If not, then refer for *breastfeeding support* groups to provide peer support and mental health support. For infants 6-24 months who don't have age appropriate feeding habits, mothers requesting infant formula, infant or mother is lethargic or ill, or it is the mother's first child will also be **referred for Full Assessment (FA)**. If not, then refer to breastfeeding as well as *complementary feeding support*.

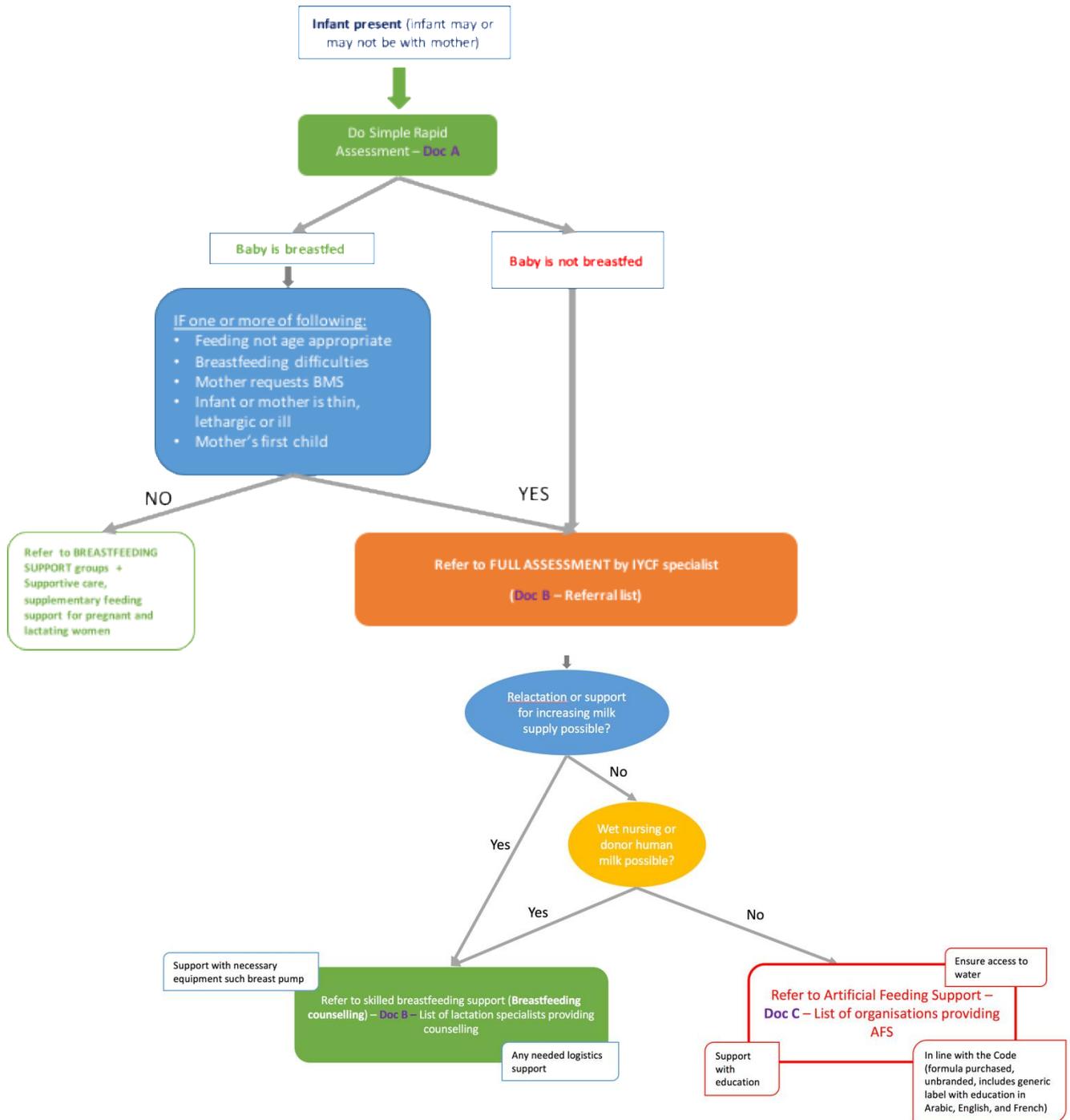
- 1.3. **Full Assessment (FA):** The full assessment (FA) should be conducted on infants referred via the SRA.

Who conducts the FA? The FA should be conducted by a trained IYCF/lactation specialist. A list of specialists is provided in **Doc B. Figure 1** is a description of the channels for IYCF support for infants under 6 months of age.

Where is the FA conducted? The FA can be conducted within households, at the community level provided there is a safe and private place, or at the PHC level.

Based on the FA, infants will be referred to either skilled IYCF support or artificial feeding support.

FIGURE 1 – FLOW CHART FOR IYCF SUPPORT FOR INFANTS UNDER 6 MONTHS



2. SKILLED INFANT AND YOUNG CHID FEEDING SUPPORT

- 2.1. **Breastfeeding education and support:** Mothers who are breastfeeding should be provided with education and peer support via existing community-based mother support groups as well as remote and social media platforms. This should also include mental health support including awareness and psychoeducation (normalization, helpful tips⁶, awareness of where to seek mental health support⁷). Education and support will be done at the primary health facility, at the community, or at the household level. Education and support using [existing tools and educational material](#) can also occur remotely, over the phone, social media, or WhatsApp.
- 2.2. **Breastfeeding counselling for caregivers/mothers of infants 0-6 months:** Mothers who are not breastfeeding, partially breastfeeding, or in need of breastfeeding support should be provided with counselling by a trained IYCF specialist. Counselling consists of assessing the mother's needs and providing individualised counselling in order to address challenges with breastfeeding. This includes counselling for re-lactation and increasing milk supply. For situations where wet nursing or donor human milk is acceptable and possible, the IYCF specialist will also provide support to link with existing human resources (wet nurse or human milk donors). Support for this activity includes provision of equipment such as hospital grade pumps for mothers and caregivers willing to re-lactate as well as a referral mechanism for human milk donors. IYCF specialists can be found via the **NATIONAL IYCF COMMITTEE hotline for IYCF support 70 231739**. Breastfeeding counselling will be conducted on a one-one basis with the mother/caregiver at the primary health facility or at the household level while respecting distancing and other guidance for prevention of transmission of COVID-19. If not possible, then remote counselling with possibility of video call will be conducted.
- 2.3. **Breastfeeding and Complementary feeding counselling for infants and young children 6-23 months:** Caregivers and mothers of infants and young children 6-23 months should be provided with counselling and education on breastfeeding and complementary feeding. The IYCF counselling cards are tools that can be used to provide key messages on continued breastfeeding and complementary feeding and address any challenges⁸. Complementary feeding counselling will consist of provision of tailored messages on complementary feeding based on caregiver's needs. Hands-on activities and other interactive methods will be used to contribute to improving feeding habits of infants and young children including ensuring dietary diversity, frequency and quality of the diet. IYCF counsellors should be trained on providing adapted counselling on complementary feeding.
- 2.4. **Education on use of infant formula:** In line with the guidance on artificial feeding support (**Doc C**), families receiving artificial feeding support should be provided with education on the use of infant formula in order to minimise risk. IYCF specialists have received capacity building

⁶ The following tips sheets may be useful:

- For supporting adults: [English](#) / [Arabic](#)
- For supporting children: [English](#) / [Arabic](#)

⁷ If needed, mothers who feel severely distressed can **call the 1564**, the National Hotline for emotional support and suicide prevention (Embrace Lifeline)

⁸ IYCF counselling cards: https://www.unicef.org/nutrition/index_58362.html and IYCF counselling cards in the context of COVID-19: <https://www.advancingnutrition.org/what-we-do/social-and-behavior-change/iycf-recommendations-covid-19>

on artificial feeding support should regularly provide education on infant formula preparation and ensure that clean water is available.

3. ARTIFICIAL FEEDING SUPPORT

Breast-milk substitutes or infant formula should only be provided discretely to infants 0-6 months of age who need it and in accordance with Law 47/2008. Interventions to support non-breastfed infants should always include a component to protect breastfed infants for example, through budgeting for activities which promote breastfeeding and support breastfeeding mothers.

- 3.1. **Procurement of infant formula:** Infant formula should be purchased as per guidance in the IYCF Operational Guidance⁹. Any agencies procuring infant formula should ensure that they can meet the provisions of the Operational Guidance, the Code and **Doc D** in this SOP. If this has cost implications, they should budget for these accordingly in their proposals. Procurement should be managed so that infant formula supply is always adequate and continued for as long as the targeted infants need it – that is, until breastfeeding is re-established or until at least 6 months of age, after which infants should be supported to transition to complementary feeding which includes some other suitable source of milk and / or animal source food. Providing just few tins is forbidden by The Code.
- 3.2. **Provision of infant formula:** The final decision to provide or not provide infant formula is taken by the trained IYCF specialist performing the FA in consultation with other health care providers if needed. Care should be taken that no stigma is attached to choosing to use infant formula and that a mother’s informed choice is respected. Artificial feeding support should be administered discretely and in line with **Doc D**. Infant formula can be provided for the following cases¹⁰:
- The mother has died or is absent for unavoidable reason
 - Acceptable maternal or infant medical reasons or mental health reasons¹¹.
 - The infant was fully dependent on artificial feeding when emergency occurred
- Infant formula should be provided discretely to families and conjunction with education as well as the necessary equipment needed to feed the infant (**Doc D**).

⁹ <https://www.enonline.net/operationalguidance-v3-2017>

¹⁰ http://www.who.int/maternal_child_adolescent/documents/WHO_FCH_CAH_09.01/en/
http://apps.who.int/iris/bitstream/10665/44345/1/9789241599535_eng.pdf
<https://www.enonline.net/operationalguidance-v3-2017>

¹¹ As per the document “Acceptable medical reasons for use of breast-milk substitutes” in (8) above:

- For infants with classic galactosemia: a special galactose-free formula is needed.
- For infants with maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed
- For infants with phenylketonuria: a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring).

Mental health reasons:

- Mother in an acute psychiatric condition unable to breastfeed.
- Mother in need of taking medications that should not be taken while breastfeeding

4. COMPLEMENTARY FEEDING SUPPORT

- 4.1. **Enable access to appropriate nutrient-rich food:** Vulnerable families with children 6-23 months should have access to age appropriate and diverse nutrient-rich food. Considerations or options for support may include cash or vouchers to enable families to purchase nutrient-rich foods, distribution of nutrient-rich foods or fortified foods at household level, provision of multiple micronutrient fortified foods through supplementary feeding. Other options include livelihood programs and access to community kitchens. Complementary feeding support should firstly rely on locally existing foods and should be accompanied with counselling and education on complementary feeding (see 2.3).
- 4.2. **Ensure safety of complementary feeding:** Any complementary food products provided to infants and young children should meet minimum standards of safety and quality as indicated by LIBNOR. Minimum safety and hygiene practices should be ensured for food preparation.

5. MONITORING OF THE CODE

- 5.1. **Reporting on cases of violations to the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions and Law 47/2008:** Agencies who witness any violations to the Code or Law 47/2008 including blanket distribution of milk or infant formula, marketing or announcement on infant formula distribution, call or solicitation of donations of infant formula or other BMS etc. should report the violation to the **NATIONAL IYCF COMMITTEE hotline for IYCF support 70 231739**. NATIONAL IYCF COMMITTEE will in turn contact the entity to provide guidance on complying with the Code/Law.

6. REFERRAL TO OTHER FOOD AID, REPRODUCTIVE, AND MENTAL HEALTH

- 6.1. **Reproductive health services:** for families with pregnant and lactating women and infants and young children in need of health services, these should be referred to primary health care as per the [MoPH list](#) or via the **Order of Midwives Hotline 70 037739**.
- 6.2. **Supplementary feeding support for pregnant and lactating women:** families identified with pregnant and lactating and children 0-2 years of age should be prioritised for food assistance. Families should be referred to relevant food aid services.
- 6.3. **Mental health services:** mothers and children identified in need for mental health and psychosocial support should be referred to relevant services using the **National Hotline for emotional support and suicide prevention (Embrace Lifeline) 1564**.

HUMAN RESOURCES AND CAPACITY

All staff engaged in providing support to families should be oriented on Infant and Young Child Feeding Practices in emergencies (IYCF-E) and aware of Law 47/2008, the joint statement, and this SOP.

1. **Front-liners:** are organisations and individuals who are in direct contact with families and households. Front-liners are responsible for executing the Simple Rapid Assessment (**SRA**) and referring to in-depth assessment if there is a need. Front-liners can consist of any person who is in direct contact with the families including volunteers, aid workers, community health workers, and other health care providers that are trained on IYCF-E and the execution of the SRA. Front-liners should also be trained on Psychological First Aid (PFA).
2. **IYCF specialists/counsellors:** are trained health care providers providing IYCF counselling and support. Training provided should comply with the Ministry of Public Health/UNICEF/WHO training package. Tasks of the specialist includes conducting the **full assessment** and provision of IYCF counselling, relactation, linkages with donor milk, and wet-nursing, referral to artificial feeding support. IYCF specialists also provide counselling on complementary feeding as well as education and counselling for mothers and caregivers receiving artificial feeding support. IYCF specialists/counsellors include the cohort of lactation specialists able to conduct the full assessment and providing lactation counselling and support (**Doc B**). IYCF specialists should also include those trained on complementary feeding to be able to provide personalised counselling on diets of infants and young children 6-23 months. IYCF specialists/counsellors should also be trained on PFA and safe identification and referral for mental health.
3. **Human milk donors:** these include the network of mothers willing to donate human milk via existing channels.
4. **Providers of infant formula:** are organisations and individuals providing infant formula for families referred via full assessment in line with Law47/2008 and the Code.
5. **IYCF support groups:** are community support groups offering education and peer support for families with infants and young children less 2 years of age (mother to mother support, peer support, etc.)

A separate level of actors and stakeholders also includes donors and individuals providing **donations from outside the country** via shipments.

ADVOCACY, POLICY, AND COMMUNICATION

- Organizations should be aware and should endorse the IYCF joint statement or should develop their own policy that is in line with Law47/2008, the Code, and the joint statement (**Doc E**).
- Key messages on infant and young child feeding in emergencies should be disseminated including the Joint Statement on IYCF in the context of COVID-19 and the joint statement on IYCF in the context of the Syria crisis.
- Emphasis should be put on the importance of abiding by Law 47/2008, the Code, and the Operational Guidance on IYCF-E:
 - o Do not seek, call for, or accept donations of infant formula or other breast-milk substitutes or feeding equipment including bottles and teats.
 - o Never include infant formula or any other milk products including powdered or Ultra High Temperature milk in the general distribution of food or food baskets¹².

¹² Refer to the Food Security Sector [standards guidance for food parcel composition](#)

DOC A – SIMPLE RAPID ASSESSMENT & REFERRAL FORM¹³

Instructions for trained frontline workers: Administer this rapid assessment whenever a caregiver with a child under 2 years is encountered.

Do not ask the last 5 questions *in italics*, but note them down if observed. If any difficulties are observed, refer the caregiver-baby pair for a Full Assessment or other support as appropriate.

SIMPLE RAPID ASSESSMENT				
Name of Baby:	Date of Birth:			<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Location:	Date:			
Age of baby:	0 – 5.9 months <input type="checkbox"/> 0-28 days	6 – 12 months	12 – 24 months	
Is the baby being breastfed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the baby getting anything else to eat/drink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the baby unable to suckle at the breast?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any other difficulties in breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this the mother's first child?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Did the caregiver request infant formula? [Observation]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Does the baby look very thin / lethargic / ill? [Observation]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Is the mother or child visibly disabled? [Observation]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Does the mother look visibly young? [Observation]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Is this the child's mother? [Observation]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If any of the **red boxes** are ticked then refer to full assessment.

COMPLETE IF REFERRAL IS INDICATED

Caregiver Name		When to attend:	Immediately / date: _____
Referral to:		Location of facility:	

REASON FOR REFERRAL:

- A) Full IYCF Assessment needed
- B) Medical care needed: (reason) _____
- C) Other: _____

Referred by (name): _____ Job Title/Agency: _____

¹³ Adapted from Module 2 on IFE, Core Manual, Section 3, IFE Core Group, 2007.

DOC B – INFANT AND YOUNG CHILD FEEDING (IYCF) SPECIALIST REFERRAL

Households referred via SRA to FA should refer via the following number:

NATIONAL IYCF COMMITTEE hotline for IYCF support: 961 70 231739

IYCF Specialists referring to Artificial Feeding Support should do so via the following form:

RERERRAL FORM

Caregiver Name		When to attend:	Immediately / date: _____
Referral to:		Location of facility:	

REASON FOR REFERRAL:

- A) Artificial feeding support
- B) Other: _____

Referred by (name): _____ Job Title/Agency: _____

DOC C – GUIDANCE FOR ARTIFICIAL FEEDING SUPPORT

This guidance is for any organisation or individual who would like to provide artificial feeding support for families with infants less than 6 months.

Make sure infant/family was referred from an IYCF specialist as per Doc B

ASSESSMENT OF NEEDS

The estimated quantity of infant formula needed should be based on assessment information. The quantity needed can be calculated based on individual infants' needs. For each infant, the amount of infant formula should be calculated to suffice at least until infant is 6 months of age or as long as the baby needs it. Table 2 is an estimation for the amount of infant formula needed by the infant depending on their age. However, these needs are estimates and therefore amounts should be adapted according to the infants' consumption and calculations need to be conducted to ensure that the caregiver has enough infant formula until the child turns 6 months.

TABLE 1 - AMOUNT OF PREPARED FORMULA AND INFANT NEEDS PER DAY¹⁴

Age of infant in months	Weight in kilos	Amount of formula per day	Number of feeds per day	Size of each feed in ml
0-1	3	450ml	8	60ml
1-2	4	600ml	7	90ml
2-3	5	750ml	6	120ml
3-4	5	750ml	6	120ml
4-5	6	900ml	6	150ml
5-6	6	900ml	6	150ml

PROCUREMENT OF INFANT FORMULA

- Infant formula should be purchased and **donations should not be sought nor accepted.**
- Procured infant formula should be in line with Operational Guidance on IYCF-E and the Code including:
 - o Infant formula should be manufactured and packaged in accordance with the Codex Alimentarius Standards and LIBNOR
 - o Suitable for infants under 6 months
 - o Is **generic** and **unbranded** if possible. Otherwise, if infant formula is already labeled, the organization can re-label the infant formula with a generic label that includes the content of the infant formula and instructions on preparations. The label should:
 - be in Arabic primarily AND English/French if possible
 - Commercial infant formula branding (name / logo) should not be visible
 - Label should state the superiority of breastfeeding
 - Label should indicate that the products should be used only on health worker advice
 - Label should warn about health hazards of using infant formula
 - There should be no pictures of infants or other images idealizing the use of infant formula
 - o Have a shelf-life of at least 6 months
 - o Is stored in line with safety guidelines

Organisations should take into account the cost and time implications for ensuring that infant formula abides by these criteria.

¹⁴ Taken from IFE Core Group Module 2 on Infant Feeding in Emergencies, Annex 5

OTHER EQUIPMENT AND SUPPLIES

The use of bottles, teats and pacifiers should be actively discouraged due to the high risk of contamination, difficulty with cleaning and interference with breastfeeding. Cup feeding is the safest practice for artificially fed children and the use of cups (without spouts) should be actively promoted in artificial feeding programmes, including through provision of cups in kits and intensive counselling and support. Bottles and teats should never be distributed. However, in recognition that bottles are widely available through commercial channels, supporting the sterilisation of bottles may be considered as a harm reduction measure while maintaining the focus on strong cup feeding counselling and promotion.

PROVISION OF ARTIFICIAL FEEDING COUNSELLING

Use of infant formula by an individual caregiver should always be linked to education, one-to-one demonstrations and practical training on the quantity (measurements) of mixing a feed, frequency of feeds, hygiene practices and safe preparation, cup feeding. Regular follow up is also required at the distribution site and at home by trained health or nutrition workers.

Initial visit:

- Observe what resources are available in the household to support artificial
- Observe the caregiver managing an artificial feed
- Identify any problems following observations and decide with caregiver how to overcome these
- Explain what infant formula will be given and when and where to receive it
- The advantages of cup feeding and how to cup feed
- Warning of potential hazards of using infant formula
- Education on the preparation of infant formula using appropriate hygiene measures (refer to "[How to Prepare Formula for Bottle-Feeding at Home](#)").

Follow up:

- Check and record infant status (morbidity and mortality) and weight (record on growth chart)
- Observe feed preparation: Check that preparation is hygienic and safe accordingly provide any education that is needed.
- Observe a feed: Check feeding is safe
- Find out any difficulties the caregiver may be facing and discuss practical solutions and/or refer for appropriate further support
- Check for warning signs of misuse of infant BMS (e.g. possibility of over concentration, over dilution, formula being shared, use of complementary foods for infants under 6 months)

DOC D – EDUCATION TO USE INFANT FORMULA

[How to Prepare Formula for Bottle-Feeding at Home](#) – WHO and FAO

How to prepare a bottle feed

	Step 1 Clean and disinfect a surface on which to prepare the feed.
	Step 2 Wash your hands with soap and water, and dry with a clean or disposable cloth.
	Step 3 Boil some safe water: if using an automatic kettle, wait until the kettle switches off. If using a pan to boil water, make sure the water comes to a rolling boil.
	Step 4 Read the instructions on the formula's packaging to find out how much water and how much powder you need. Adding more or less formula than instructed could make infants ill.
	Step 5 Taking care to avoid scalds, pour the correct amount of boiled water into a cleaned and sterilized feeding bottle. The water should be no cooler than 70°C, so do not leave it for more than 30 minutes after boiling.
	Step 6 Add the exact amount of formula to the water in the bottle.
	Step 7 Mix thoroughly by gently shaking or swirling the bottle.
	Step 8 Immediately cool to feeding temperature by holding the bottle under cold running tap water, or by placing in a container of cold or iced water. So that you do not contaminate the feed, make sure that the level of the cooling water is below the lid of the bottle.
	Step 9 Dry the outside of the bottle with a clean or disposable cloth.
	Step 10 Check the temperature of the feed by dripping a little onto the inside of your wrist. It should feel lukewarm, not hot. If it still feels hot, cool some more before feeding.
	Step 11 Feed infant.
	Step 12 Throw away any feed that has not been consumed within two hours.

Warning: Never use a microwave to prepare or warm-up feeds. Microwaves heat unevenly and may cause 'hot spots' that could scald the infant's mouth.



Bottle feeding - How to prepare a bottle feed