

Feeding your baby/infant when they have Respiratory Syncytial Virus (RSV) resulting in Bronchiolitis



What is Bronchiolitis?

Bronchiolitis is a common infection of the lower respiratory tract that affects babies and young children under 2 years old. It is almost always caused by a viral infection. In most cases, the respiratory syncytial virus (RSV) is responsible.

Unfortunately, your infant can get it more than once and almost all children are infected with it by the time they're 2 years old. We understand that this can be a stressful time for parents and families and are here to help.

Symptoms include:

- **rapid or noisy breathing (wheezing)**
- **a rasping and persistent dry cough**
- **brief pauses in their breathing**
- **feeding less/fussy feeding**
- **having fewer wet nappies**
- **vomiting after feeding**
- **being generally unsettled**



Comforting your baby

During this time, there are things you can do to comfort your baby, such as **cuddling your baby**, **having skin to skin contact**, **keeping them close to you** or **stroking their hands/feet**.

These actions will help both you and your baby feel relaxed by releasing a hormone called oxytocin (the love hormone).



FEEDING YOUR BABY

Breastfeeding your baby reduces the risk and severity of respiratory infections; the longer your baby has breastmilk/breastfeeds, the greater the protection is.

One of the symptoms of RSV is that your baby may be feeding less; if your baby is not feeding as much and is not having as many wet nappies, you must seek medical advice.

During this time, your baby may not tolerate feeds (breast or bottle) and may need support with their feeding to help them rest more, but take in food. Saline nasal drops and keeping baby upright can help when baby is snuffly.

Seek medical advice if you think your baby needs help with their breathing.



Contact

healthier.lsc@nhs.net if you need this information in: Polish, Urdu, Punjabi, Gujarati, Bengali or Arabic

We will aim to respond within 5 working days

BREASTFEEDING

We make breastmilk by supply and demand; your baby will signal to you to make milk by feeding and removing milk. If your breastfed baby is feeding less frequently, this can mean you will make less milk. The following are ways you can protect your supply, so when baby is feeling better and feeding more frequently, you have the supply available for them:

- Feed whenever baby shows early, subtle feeding cues
- Little and often may help
- Lots of skin to skin contact
- Keep baby close day and night
- Express to ensure milk is being removed from your breast at least 8 times in 24hrs (mimic baby's feeding pattern) - remember **night feeds are important for milk production**, especially in the early weeks
- If you are on the Children's Ward with your baby, ask staff to bring you a double electric breast pump and help set it up correctly
- Hand expressing can help protect your supply or tempt a sleepy baby to the breast
- If baby has a NG tube, hold them near your breast or nipple whilst they have their feed
- Monitor nappy output
- Access breastfeeding through your local breastfeeding peer support or National Breastfeeding Helpline on 0300 100 0212



COLIC AND REFLUX

You may find that your baby is more unsettled after and between feeds following RSV, and they may bring some milk back after feeding. Returning to normal feeding can take some babies longer than others; little and often and taking it slowly can help and it may be that your baby just wants to be held a little more, and be more settled in your arms.



BOTTLEFEEDING

Whether you are giving expressed breastmilk or 1st stage infant formula, (no need to change milk unless advised by HV or DR in the first year of life) babies enjoy to feed slowly, particularly when experiencing breathing difficulties. Support your baby to control their own feeding speed and pace. You can help them with this by:

- Holding your baby close to you, in a slightly upright position
- Look into your baby's eyes and talk gently to them
- Gently rub the teat against your baby's top lip to encourage them to open their mouth and poke their tongue out
- Little and often may help
- **Don't force your baby to take all the milk if they don't want it**, as this can cause them discomfort and increase the risk of them bringing their milk back
- Limit the number of people who feed your baby so the main carer understands baby's cues
- Keep baby upright as much as possible to help with their breathing
- Observe nappies for signs baby is receiving enough milk

TUMMY UPSET

You may see a change in your baby's stooling (poo) pattern; they may change in frequency, colour or consistency - this is usually temporary. This can be a very normal response to illness or antibiotics. If you are formula feeding, there is no need to change the milk your baby receives. If you are breastfeeding, there is no need to stop; the antibodies baby receives from breastmilk have never been more important.

Reminder: If you are breastfeeding and baby is unsettled, access help and ask for someone to look at how baby attaches to the breast. Talking with your Health Visitor can help you identify what is going on and what may help.