filling of spoon as well as swallowing of milk. Since swallowing of milk is a factor that cannot be modified or hastened, the feeding time will be increased several times, if the spoon is used for feeding a neonate.

3. Jain and Chaudhary have agreed about the 10-20 ml reservoir capacity of Suthi that obviates the need of repeated filling, but surprisingly, later they have raised the question of contamination with Suthi due to repeated fillings by dipping it into the vessel. However, we would like to clarify that due to large capacity, repeated fillings are not necessary and even if required, Suthi can be refilled by pouring milk into its large reservoir without dipping of Suthi.

4. The nozzle of Suthi which come in contact with the neonate's mouth has curved and rounded edges which are not injurious.

5. The normal sized spoon (tea-spoon) is too big to use, particularly for premature/SFD babies. A small spoon suitable for these babies would be too small to carry enough milk to feed, thereby requiring repeated fillings of the spoon and increasing the chances of contamination.

6. We have been using Suthi feeding in our Neonatal At Risk Nursery for 1 year and as yet have not come across a single case of aspiration. Rather, we have developed more faith and felt more convenience in feeding neonates, especially preterms, with Suthi. Besides the above mentioned facts, we would like to point out that Suthi is very economical (Rs. 8/- per vessel) which is within reach of most people.

Considering all the above mentioned facts, we will strongly recommend feeding of neonates with Suthi whenever breastfeeding is not feasible.

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Comments

All the discussion regarding spoon feeding versus Suthi (also called Paladai or Jhinook) seems meaningless. It all depends on one's experience and expertise in handling the gadget, and equally successful feeding has been carried out with spoon or with Suthi both in term and preterm babies provided the baby has co-ordinated sucking and swallowing reflexes.

Both methods can predispose to infection unless handled properly and hygienically. Both badly manufactured suthis and spoons can have sharp edges and can be harmful. Each to his/her own devices! Feeding with either is nothing new. Our mothers and grandmothers have used these.

I had written about paladai feeding in my book 'feeding and Care of Infants and Young Children', the first edition of which was published in 1976 and there is a picture of paladai in that. Almost fifteen years ago, I saw this being done successfully by mothers in Dr. Jayam's Neonatal Unit in Madras. Of course babies, even preterm, have been fed successfully with a cup as reported from Kenya first, and now is being carried out in many other units, I am sure. All this goes to show that babies can be fed successfully without feeding bottles.

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