

Patient ID Sticker

Registered Neonatal Nurse/ Nursery Nurse Telephone:

.....  
Parent's signature on completion of pack and when confident  
to administer tube feed to their baby:

.....  
Date:.....

*Leaflet adapted from Southampton NICU leaflet*

**How can I help reduce healthcare associated infections?**

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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# Tube feeding your baby

**Patient information leaflet**

If you require a translation or an alternative format of this leaflet please call PALS on 01296 316042

## Introduction

This booklet has been written for parents who have a baby being fed by nasogastric tube as part of their treatment on the Neonatal Unit. The aim of the booklet is to help you understand why your baby needs tube feeds, how it is done and how long it is likely to be needed.

Because your baby is unable to feed completely by breast or bottle, you may think that feeding is a job for the nurses. On the Neonatal Unit, we encourage mums and dads to be as involved as much as possible in the care of their babies; and is the reason for teaching parents to give tube feeds if they would like to learn.

At first this may sound a little frightening but like anything else when you have learned more about it, you will find it easier than you thought. You do not have to learn how to tube feed if you do not wish to, but the opportunity is there for you when and if you are ready.

## How will I be prepared for tube feeding?

We will begin to teach you how to give tube feeds when your baby is stable. We will explain what to do step-by-step and let you practice. To make sure we tell you all you need to know without leaving out important details, we will complete a checklist of points to remember and things to discuss.

You will be able to practice tube feeding whilst being supervised by the nurse helping you to look after your baby as often as you feel is necessary, until you feel confident to be left to do tube feeds yourself. Teaching will progress as slowly or as quickly as you decide so you learn properly and gain confidence.

Action	Date Shown	Date Practiced	Signed
Prepare equipment and place within easy reach			
Measure correct amount of feed and warm to room temperature			
Position baby safely for feed			
Check feeding tube is in the right position			
Give the tube feed			
Position the baby safely after the feed			
Dispose of the equipment correctly			
Record the feed			

## Giving tube feeds checklist

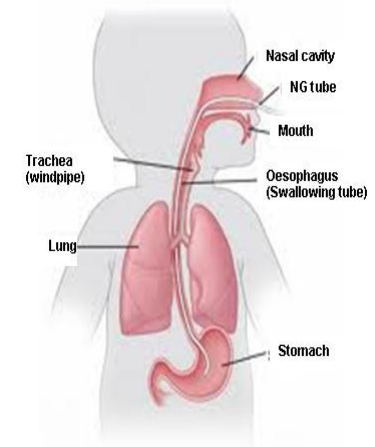
Safety Aspects	Date Discussed	Staff Signature and Job Title
How would you check the feeding tube was in the stomach?		
What is the correct temperature for the feed to be given?		
Why is it important for the feed to go slowly?		
Why is it important to stay with your baby until the tube feed is finished?		
If your baby was retching or vomiting during a feed, what would you do?		
Who would you contact if there were any problems and how?		

## Why does my baby need tube feeds?

Because your baby was born early, he/she is not yet fully developed. A baby in the womb only develops the ability to suck when he/she has reached 32 weeks gestation and is not able to coordinate sucking, swallowing and breathing all at the same time, until around 34 – 36 weeks gestation. Until then and sometimes longer, your baby will need help with feeding if he/she is to get enough calories and other nutrients to make sure he/she grows and develops as he/she should.

When your baby no longer needs a drip to give him/her fluids for nutrition, he/she will progress from hourly to less frequent feeds, delivered by a feeding tube.

This is passed down either a nostril or through the mouth until its tip lies in the stomach. The tube is fixed to the baby's cheek with tape and has an opening covered by a lid at the outer end so a syringe can be attached to it to give the feed. The feed is allowed to drip slowly down the tube by gravity into the stomach. Your baby will eventually start to feel hungry and may show an interest in feeding by 'rooting' with his/her mouth. From then on he/she will be able to have some feeds by breast or bottle. However, he/she will probably get tired very quickly until bigger and stronger, and although he/she may be taking some or parts of some feeds by mouth, he/she may not be able to take enough milk to grow and develop. We calculate how much milk your baby needs each feed, and if he/she does not finish the feed we give the rest by tube. When your baby is learning to feed some feeds will be given entirely by tube each day to ensure that he/she can rest and use energy to help him/her grow.



## Giving tube feeds

1. Wash and dry your hands
2. Prepare all the equipment required to give the feed. You will need:
  - Measured amount of correct feed (**Please see Troubleshooting Point, Number 1**)
  - Warmed to room temperature (**Please see Troubleshooting Point, Number 2**)
  - .....ml syringe for aspirating the feeding tube
  - .....ml syringe for giving the feed
  - pH indicator paper/strips
3. Check the position of the feeding tube using the pH indicator paper/strip. To do this, attach the syringe to the feeding tube and gently draw back a small amount of fluid and place onto the pH indicator paper/strip. If the pH paper changes to a pH 5 or below means the tube is in the stomach, move on to step 5. (**Please see Troubleshooting Point, Number 3**)
4. If no fluid can be obtained, the stomach may be empty, or the tip of the tube may be against the stomach wall. Try injecting 0.5 – 1.0ml of air into the tube and then gently draw back again. If there is still no fluid try repositioning the baby by laying him/her on left side for a few moments and try again.

If you are still unable to get any fluid or are worried about the position of the tube, call the nurse for assistance.

5. When you are sure that the tube is in the right place, remove the plunger from the larger syringe and attach to the feeding tube. Pour some milk into the syringe. If the milk does not flow freely down the tube, it may need a gentle plunge. Do **not** hold the syringe too high as this will make the milk run quicker, which may cause vomiting. Continue adding milk until the right amount has been given. Do **not** allow the syringe to become empty. Gravity feeds should take approximately 15-30 minutes depending on volume of feed being given.

6. The syringe of milk should be hand-held throughout the feed. This way, you will be able to observe your baby during their tube feed in case of vomiting or accidental removal of the tube whilst the feed is in progress. If your baby is retching, lower the tube to slow the feed or stop and rest a while and call the nurse for assistance. If your baby vomits stop the feed, if the tube is accidentally removed during the feed it should **not** be replaced until the next feed is due.

7. When the feed is completed, remove the syringe and replace the feeding tube lid securely. Wind your baby and position as appropriate for your baby's individual needs. **Do not** bounce your baby, but allow them to lie or sit still. This will prevent or reduce vomiting.

8. Dispose of equipment used in accordance with manufacturer's instructions and wash your hands. 9. Record the feed on the fluid chart and sign your name.

10. Whilst your baby needs some tube feeds he/she will need some mouth care, discuss this with your nurse. If your baby has a feeding tube down his/her nostril, it is also important to look at your baby's nose before each feed to check for redness. This may be caused by the feeding tube rubbing the side of his/her nostril. Discuss with your nurse if this persists.