

Fact Sheet

Newborn tube feeding by parents in the Neonatal Intensive Care Unit (NICU)

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At Westmead NICU we acknowledge the valuable contribution you make to the care of your baby and encourage you to participate in activities such as bathing, kangaroo care, medication administration and milk tube feeding.

What is tube feeding?

Intragastric (into the tummy) tube feeding is the main method of milk feeding for sick and premature babies until they are able to establish oral (by mouth) suck feeds. An intragastric tube is a feeding tube inserted into the stomach of your baby via his, or her, nose or mouth. Milk is then given through the tube directly into the stomach.

If you would like to be involved with giving intragastric feeds, we can teach you to do this safely and confidently. We would like you become involved in your baby's feeding as soon as she/he is considered medically stable and has established on milk feeds.

Please note: Your baby will be excluded from parent tube feeding if he/she is nil by mouth (NBM) or has gastro-oesophageal reflux. Don't worry too much if this is the case, there are other activities you can assist with to participate in your baby's care.

The nurse looking after your baby must have watched you perform at least three feeds and be sure that you are confident and safe with the technique. Once the nurse is satisfied, a signed parent safety training form will be placed in your baby's medical record.

- Each time you feed your baby the nurse will provide all the necessary equipment including the feed aliquot (amount of milk your baby needs), any medications, pH stick, and syringe.
- The nurse is also responsible for documenting all information about the feed on your baby's charts.

What must be checked before starting the feed?

- The nurse will carefully assess that your baby is stable prior to each feed.
- The nurse will check the tube position before the feed (or observe you doing so) and be in attendance during the feed.
- The nurse will ask you to confirm the breast milk is yours and will check important patient identifiers alongside the baby. This is to ensure your baby is receiving the right amount of your breast milk.
- Every eight hours we will check to see how well your baby is absorbing the feeds. This is the nurse's responsibility.

How and where are the tube feeds given?

Feeds can be given while kangaroo care is being provided or when the baby is still in the incubator.

Most feeds are given gradually, by slow syringe push. During the feed your baby must be closely watched throughout the procedure and the feed must be stopped if there are any of the following symptoms:

- Colour change
- Choking or coughing
- Problems with breathing
- Dropping of oxygen saturations
- Slowing of the heart rate (bradycardia)



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A step by step guide to tube feeding your baby

- Collect the equipment you will need and wash your hands.
- The milk will be pre-warmed.
- Check the feed with the nurse to ensure that it is your EBM (expressed breast milk) and counter sign the feed chart.
- Any additives or medications will be checked and signed by two nurses.
- Check the nasogastric tube is inserted to the correct depth.
- Open the tube cap and aspirate (suck out) any milk from the stomach with the empty syringe. The milk you have sucked out from the stomach is called the gastric residual.
- Check the pH of the milk with a test strip.
- The gastric pH should be less than 5.
- Return the gastric residual (aspirated milk) via the feeding tube after checking with the nurse that you should do so.
- Kink off the feeding tube to prevent milk from flowing out and then connect the syringe containing breast milk feed.
- Offer your baby a dummy to encourage non-nutritive sucking.
- Administer feed over the specific time interval as suggested by the nurse.
- Observe your baby throughout the feed.
- Again kink off the feeding tube and then disconnect the syringe.
- Draw up one mL of air into the syringe, reconnect it to the tube, then unkink the tube and flush it with the air
- Close the feed cap or, if your baby is on a ventilator or CPAP, leave the tube uncapped, attach an open syringe and suspend it to provide a release for air.
- Leave baby in a settled position.
- Dispose of used equipment and wash your hands.
- Always report any concerns to the nurse.
- Feeding tubes are changed (replaced) every 5 days.

Learning to tube feed your baby is rewarding and provides you with the chance to feel involved with the care of your baby as well as the opportunity for you to be close to your baby.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:

WSLHD-Get_Involved@health.nsw.gov.au