

# Neonatal Community Outreach Service

Learning information for parents to tube  
feed their baby

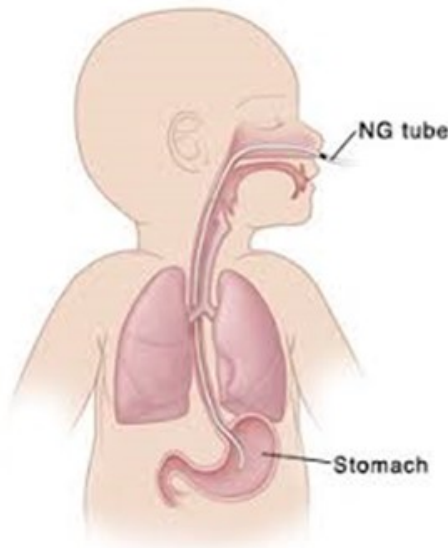
# Learning information for parents to tube feed their baby

Within the Neonatal Service, as part of our commitment to family integrated care, we are keen to support you to be involved as much as possible in the care of your baby.

Feeding is a very important part of your baby's care; small and/or sick babies are often too weak or immature to be able to suck from the breast or the bottle.

Your baby will have some feeds given via a feeding tube. This is a thin, flexible tube passed through the nose or the mouth into the stomach. It is used to deliver expressed breast milk or formula directly into the stomach. It is secured with tape to the baby's cheek if inserted through the nose or the chin if inserted through the mouth.

The tube has an opening covered by a lid at the outer end so that a syringe can be attached to it to give the feed. When tube feeding, a purple syringe is attached to the tube, milk is poured into the syringe and the feed drips slowly down the tube by gravity into the stomach.



We will not be asking you to pass the tube into the stomach, only to give the feed via the tube. You will first be shown how to safely tube feed your baby by a member of staff.

You will then be supervised tube feeding your baby (at least three times) by a nurse/nursery nurse until both you and the nurse are happy for you to carry out the procedure unaided. Always ask if you have any questions; we are here to help you and your baby.

First you will check the tube is in the correct place before every feed by withdrawing some of the stomach contents into a syringe and placing some onto special pH indicator paper.

When tube feeding your baby, it is important to observe your baby at all times. The best way to do this is by positioning yourself so you can see your baby's face.

Tube feeding can take place with your baby in the cot or incubator, or if both parents are present during skin to skin/cuddles.

When you are tube feeding your baby there are certain things to look out for:

- Your baby's colour changing;
- If your baby begins to vomit;
- If your baby pulls at the tube or becomes distressed;

If any of these occur or you are concerned at any stage, stop feeding immediately by kinking the tube (the nurse will show you how to do this). There will always be a member of staff in the room to assist you if you are concerned.

- Because your baby has been born early and/or is unwell they will not be able to manage to take all of their milk feeds by mouth.
- To allow baby to receive milk feeds they will be fed by a thin tube into their stomach.
- During this time you can encourage your baby's oral feeding development by using pre feeding techniques and non-nutritive sucking. As babies grow and develop they start to take more feeds by mouth and the tube will be needed less and less.
- This will be your record to show the level of training you have received in administering your baby's tube feeds in hospital. If your baby needs to have tube feeding at home you will receive extra information before discharge.
- Training is divided into two sections
  - Level 1**- holding the tube & topping it up as your baby is fed
  - Level 2** – testing the tube, setting up the feed, delivering the milk and disconnecting the equipment at the end of the feed.
- All initial teaching will be carried out by a nursery nurse or registered nurse
- You will then be observed carrying out the procedure by nursing staff and the appropriate column signed & dated. Only one column should be signed per day.
- The 3rd observation (final sign off) should be completed by registered nursing staff and if they are happy that you are competent and you also feel competent, they will sign the competency column.

For full competency to undertake the entire feeding process **both level one and level two must be signed off.**

There are 3 different levels of tube feeding: level one, level two and tube feeding your baby at home:

**Level 1** - This is initially what you will begin with, the nurse looking after your baby will explain the process for feeding your baby. Stage one does not include testing the feeding tube, that will still be carried out by the nurse, but once the nurse has tested the tube and is happy it is in the correct position you can feed your baby via the syringe and feeding tube and will tell the nurse when the feed is completed.

**Level 2** - This is when we will teach you how to test your babies feeding tube to make sure it is in the correct position and will also discuss problems and troubleshooting when you are unable to get an aspirate or the aspirate is not in the safe range. There will always be a nurse close by to help you.

**Level 3 (Home Tube Feeding)** - There will be a number of babies that are getting ready for discharge but are not quite ready for fully oral feeding; these babies will be able to go home with the support of the Neonatal Community Outreach Team or in some cases, the Children's Community Nursing Team. The team, nurses and doctors will discuss this with you beforehand and you will receive additional information, support, teaching and guidance before that decision is made.

# Steps for tube feeding

1. Prepare the feed. Remove milk from the fridge 30 minutes before feeding to ensure the milk has reached room temperature.
2. Prepare equipment and wash hands.
3. The position and length of the tube should be checked before the start of feed. Length of tube should be documented of feeding chart.
3. Aspirate (draw back) the feeding tube with a 10ml syringe, to gather stomach contents. Test the stomach contents with a pH strip. Match the PH strip to the colour guide on the PH strip container.
4. PH must be 5.5 or less to be safe to feed
5. Position yourself so your infant is facing you, so you can act promptly in the event of vomiting or distress.
6. Pull the plunger out of the syringe, kink the tube and connect the syringe to the end of the feeding tube.
7. Fill the syringe with milk (up to the 10ml mark maximum) then un-kink the tube.
8. Allow gravity to pull the milk down by holding the syringe higher than the baby's head. If the milk does not go down straight away or stops going down at any point during the feed, gently place the plunger over the top of the tube and push 1ml of milk, then take it off again.
9. To avoid air entering your baby's stomach top up the syringe just before it becomes empty until the feed is finished.
10. When the milk has been given, remove the syringe, replace the plunger then slowly flush the tube with 1-2mls of air to prevent tube blockage.
11. Kink off the tube, remove the syringe and place the cap firmly on the end of the tube.
12. Dispose of syringes and bottles in yellow bagged waste bin. Clean the area and wash hands.



