Name Label or	
Name	……
Hosp No.	……
DOB	……

Safe and responsive tube feeding

A guide for parents and carers

A tube can be used to deliver expressed breastmilk or formula milk directly into the stomach of babies who are unable to take all feeds by breast or bottle. This tube will either be a **nasogastric (NG)** tube, which goes through baby's nose, or an **orogastric (OG)** tube, which passes through baby's mouth. Babies may be unable to feed due to being born prematurely, being too ill to feed orally or have difficulties, such as a diagnosis that affects a baby's ability to feed by mouth.

The feeding tube is flexible and is inserted into the nose or mouth, passing down the back of the throat, through the oesophagus and into the stomach. Passing the tube is thought to be uncomfortable but not painful for a baby. Once in place, it is unlikely to bother them too much, although some babies manage to pull them out repeatedly!

If you would like to be involved in tube feeding your baby, the nursing staff can support you to learn how to give your baby feeds via the NG/ OG tube. A nurse will show you how to give a feed, check the tube is in the right place (aspirate), observe and support you in delivering one yourself and sign a form that says you have the necessary skills to safely tube feed your baby. Some parents may also want to learn to insert the feeding tube when it becomes dislodged or requires changing, but please don't feel you have to.

This document has been informed by the East of England gastric tube guideline which can be found on the web-site

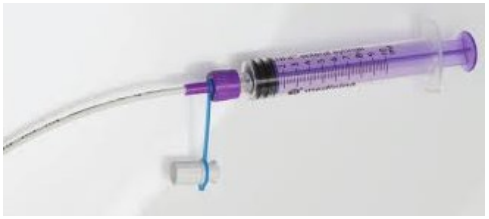
How to give a tube feed

Name Label or

Name .....

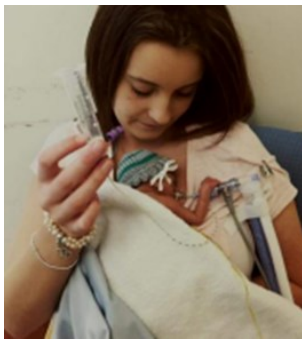
Hosp No. .....

DOB .....

Stage 1 – Preparation and tube checking	Reason
Wash your hands	To maintain hygiene
Collect the necessary equipment • 5ml syringe for testing • a larger syringe for feeding • pH strips • Check that the position of your baby's feeding tube is at the same length (check with your nurse what the length should be), there are numbered marks on the tube. • Check it is taped securely. • Check inside your baby's mouth to ensure the tube is not curled in their mouth.	Ensure equipment is to hand    
Collect your milk • If the milk has just been removed from the fridge, check the date and time that it was placed in the fridge or defrosted (ensure the milk is safe to use, staff will explain safety time frame for your baby's own milk). • Milk from the fridge will need warming. Staff will show you how to do this. • Check if any additives/medicines needed.	Correct feed and amount given  When possible freshly expressed breast milk is best to give.
Aspirate the tube: 1. Open the cap on the end of your baby's NG tube 2. Connect the 5ml syringe to the open end of the NG tube using a clockwise twist 3. Gently pull back on the plunger until you obtain a small sample of milk (aspirate) in the syringe between 0.5ml and 1ml (If the aspirate is anything other than milky or clear, please inform staff in order for them to test the milk) 4. Remove the syringe from the NG tube using an anti-clockwise twist and replace the cap of the NG tube 5. Gently press the plunger of the syringe to obtain a drop of aspirate 6. Drop the aspirate onto the pH strip—the level should be 5.5 or less	

How to give a tube feed

Name Label or	
Name	……
Hosp No.	……
DOB	……

If no liquid (gastric aspirate) is obtained: • Reposition baby and try to aspirate again • If no gastric fluid is obtained after repositioning speak to a member of the nursing team Do not feed if the pH is above 5.5, ask a nurse for help. Always assess your baby's colour and observations whilst carrying out the procedure. **If your baby goes floppy, loses consciousness or appears to be struggling to breathe. Action: Stop the feed and alert the nurse immediately. If you are at home, dial 999.**	To determine the position of the tube The pH should be 5.5 or less as the gastric aspirate should be acidic (stomach content is acidic). Make sure the tube hasn't been dislodged. The tube may have kinked slightly in the stomach.
Stage 2—Baby positioning	
Baby should be positioned so you can see their face clearly throughout the feed. This offers an opportunity for bonding, as well as allowing you to see how they are tolerating the feed. There are a few positions you could choose: In the cot – make sure your baby's head is above their hips and they are in line, not laying at a funny angle. They could be on their back or on their side, being on their side may help if they have reflux. If your baby is very small, they may be on their tummy. Out for cuddles – upright against you is best as gravity will help the milk stay down in their tummy. If you have your baby on your lap or in a cradle hold, make sure their head is above their hips and they are in line (like if they were in their cot). Check inside your baby's mouth again to ensure the tube is not curled in their mouth.	Skin to skin/ Kangaroo Cuddles support with babies breathing rate, oxygen saturations, heart rate, temperature and sensory regulation. Doing tube feeds in skin to skin can help your baby with their feed tolerance and provide a pleasant, enjoyable feeding experience for them and you. Keeping baby upright and avoiding too much handling for 20-30 minutes after the feed will help reduce reflux.  

How to give a tube feed

Name Label or	
Name	……
Hosp No.	……
DOB	……

Stage 3—Feeding

1. Remove the plunger from the larger syringe and connect to the feeding tube

2. Pour milk into the syringe and continue topping up until total feed volume is given. (You may need to reinsert the plunger into the top of the syringe and give a gentle push) Do not push all the way down—only a tiny push is needed, remove the plunger.

3. Observe baby throughout the feed. If baby shows signs of not tolerating the feed (vomiting or gagging), or if your baby appears to be uncomfortable, you can pause or slow the feed.

- To pause the feed, pinch the tube with your finger and thumb to stop the flow of milk until ready to resume the feed.
- To slow the feed, lower the syringe.

The milk should flow no faster than 1-2ml per minute and the height of the syringe can be adjusted to increase/decrease the speed as needed. NG / OG feeds are gravity fed, the higher the syringe is held, the faster the milk will flow.

When the feed has been completed, place the plunger back into the top of the syringe and remove from feeding tube. Place cap back on the end of feeding tube.

Baby Communication

Watch your baby throughout the feed. Babies will let you know if they are tolerating their feed through their behaviour.

A baby who is comfortable, stable and calm is tolerating their feed and you should continue.

Some signs that baby may need a break include:

- Subtle changes to their skin colour (mottling, pale, red)
- Straining or pulling their legs up
- Grimacing, crying or irritability
- Changes to their breathing pattern (holding their breathe or breathing quickly)
- Drooling or bubbling saliva

Non-nutritive sucking

Babies use sucking to calm and organise their behaviour. If you would like, your baby can have a soother or your clean finger dipped in milk during a tube feed to offer an opportunity to taste and smell the milk as well.

Offering opportunities to suck on a clean finger or soother during tube feeds can

- Comfort them and help to improve their tolerance
- Provide an early opportunity to associate sucking with feeding.

Safe and responsive tube feeding

A guide for parents and carers

Name Label or	
Name	……
Hosp No.	……
DOB	……

Troubleshooting

- Tape lifting, not securing tube adequately or recorded measurement of nose has changed. **Action:** Inform the nurse who will help you secure the tube.
- Unable to obtain aspirate to test or pH is more than 5.5 **Action:** Inform nurse
- Infant vomiting or distressed. **Action:** Kink the tube to stop the feed and alert the nurse
- Infant has colour change. **Action:** Kink the tube to stop the feed and alert the nurse
- Monitor alarming. **Action:** Kink the tube to stop the feed and alert the nurse

Note to carer: use as many boxes as you need until you feel confident with nasogastric/ orogastric feeding.

Date and Time	HCP/Parent/Carer/ Comment Identify stage 1-3	Discuss	Demo	HCP signature	Confident Parent/ Carer signature
	Mandatory Trouble-shooting				

This page can be printed and included in your baby's notes, if required.