

Tube Feeding Your Baby

Guidelines

This handout gives guidelines to help you tube feed your baby at home.

What is tube feeding?

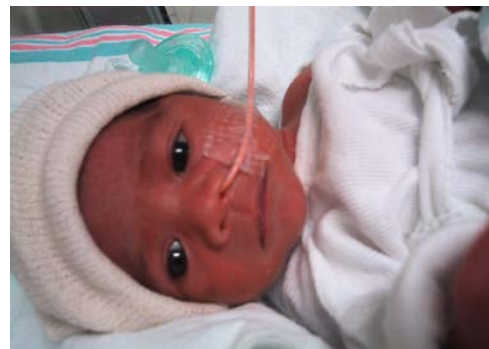
Tube feeding (also called *gavage* feeding) is a way of feeding your baby through a tube or catheter. The soft, small tube is passed through your baby's mouth or nose, down their throat, and into their stomach. Your baby has been using one in the NICU. This is a safe method to feed a baby when the baby is not mature enough or too tired to suck and swallow enough milk to grow well.

Your baby's health care team and you will decide when your baby is ready to go home with tube feedings. Once the decision is made, the NICU will contact a medical supply company that will provide you with equipment for home tube feedings. The supply company will make an appointment with you to discuss their services and bring supplies – this usually happens at your baby's bedside in the NICU.

You will learn how to place the tube, how to secure it with tape, and how to make sure it is placed correctly. You will have lots of practice before you bring your baby home. Your baby will not be discharged until you are comfortable with tube feedings.

What equipment will I need?

- Feeding tube (catheter)
- Small syringe
- Large syringe to hold the milk or formula
- Stethoscope
- Water for lubrication
- Tape
- Milk or formula



In tube feeding, your baby receives food through a tube that passes through their mouth or nose, down their throat, and into their stomach.

Types of Feeding Tubes

There are 2 types of feeding tubes that can be used. The type of tube you will use depends on the instructions you receive when you take your baby home.

The 2 types of tubes are:

- An *OG intermittent* feeding tube is a tube that goes through the baby's mouth. This tube is put in each time you feed your baby.
- An *indwelling NG* feeding tube is a tube that goes through the baby's nose. This tube stays in between feedings.

Placing the Feeding Tube

1. Wash your hands and gather and prepare your equipment.
2. Place your baby on their back or side. It may be helpful to wrap your baby snugly in a blanket. It is easier to see your baby in this position and the blanket will help to hold your baby in place.
3. Measure the tube from the ear to the tip of the nose to the point midway between the breastbone and belly button. Note the centimeter mark or put a piece of tape on the tube. This measurement will show you how far to push the tube in.
4. You must insert the tube ALL the way to the mark you measured. This will ensure that the end of the tube is in the stomach.
5. Dip the tube in warm tap water. This makes the tube slippery and easier to push in.
6. Smoothly and quickly, pass the tube through your baby's mouth or nose toward the back of their throat. Stop when your taped mark gets to your baby's lips or nose.

Note: There is a valve at the top of your baby's stomach. This valve may close for a second when the tube reaches it. If the tube stops, wait a few seconds and then try again to push it in until it reaches your taped mark.

7. Watch your baby's skin color and breathing. If your baby turns pale or seems to be holding their breath, gently rub their back and give them time to recover. The tube may rub a nerve in the back of your baby's throat and cause slow heart and breathing rates for a short time.
8. **If your baby turns blue, coughs, or fights to breathe, pull the tube out right away.** Rarely, the tube can be inserted into the airway instead of the stomach. Let your baby rest, and try again.
9. When your baby is settled with the tube in place, tape the tube to their cheek.

Check the Tube before Every Feeding

Before feeding your baby through the tube, it is very important to make sure the tube is in your baby's stomach. **Do this before every feeding:**

- Attach the small syringe to the end of the feeding tube.
- Pull back on the syringe plunger.
- **If you see stomach fluid, milk, or formula in the syringe:**
 - Take the syringe off the feeding tube. You are ready to start feeding your baby.
- **If no liquid comes back into the tube:**
 - Take the syringe off the tube.
 - Pull back on the syringe plunger to fill it with about 1 cc of air. Then attach the syringe to the end of the feeding tube.
 - Place the stethoscope over the left side of your baby's tummy, below the heart area.
 - While you are listening through the stethoscope, quickly inject the air from the syringe into the feeding tube. You should hear a "popping" sound.
 - If you do not hear anything, try to draw the air out and then inject the air again.
 - If you still do not hear the popping sound, take the tube out and insert it again. Use the above steps to check that it is in your baby's stomach. After you are sure it is placed right, you can start feeding.

Feeding Your Baby

After you have made sure the feeding tube is in your baby's tummy:

1. Make sure your baby cannot pull out the tube during feeding.
2. Prepare the milk for your baby the way you learned in the NICU or the way your pediatrician told you to.
3. It is OK to feed your baby formula or milk that is room temperature. If it is cold, warm it by standing the container in warm water for 15 minutes.
4. Do **NOT** microwave formula or milk. It does not heat evenly and the hot milk can burn your baby. Microwaves also may be harmful to breast milk.
5. Test the temperature of the formula before feeding your baby. It should not feel hot when you drip a little out onto your wrist.

6. Pull the plunger all the way out of the syringe, then attach the syringe to the end of the feeding tube.
7. Pour milk into the syringe. You may need to start the feeding with a **gentle** push of the plunger. Hold the syringe above your baby's head.
8. The feeding should be slow. It can take 15 to 30 minutes, as long as a bottle feeding would. **Do not push the feeding in with the plunger.** This pushes the food in too fast and may make your baby throw up.
9. Watch your baby during the feeding. Stop the feeding by pinching the tube. Remove the tube if:
 - Your baby turns pale or blue and stops breathing.
 - Your baby is coughing.
 - There seems to be milk in your baby's mouth that is **not** from a "wet" burp.
 - Your baby throws up.

If your baby is going to be using a pump, you will be taught how to set it up and run it before you bring your baby home.

Care of Equipment

- Replace an indwelling NG tube with a new one each month. Change it sooner if it becomes clogged or damaged.
- If your baby's indwelling NG tube is pulled out by accident, wash it well and flush it with water before putting it back in.
- Flush the indwelling feeding tube with 2 to 3 mL of water every 4 hours if the time between feedings is longer than 4 hours. This will help keep the tube from getting clogged.
- Wash the syringes with soap and warm water and air dry. Do not use a damaged syringe.

Your medical supply company will provide you with new feeding tubes, syringes, and tape as needed. They will also tell you how to order new supplies and how to care for your equipment.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Neonatal Intensive Care Unit:
206-598-4606

For Your Baby

- Use a _____ size feeding tube.
- Secure the tube at the _____ centimeter mark:
 - At the nose
 - At the lip